

Comprehensive Drug List

The Absolute Total Care Comprehensive Drug List (CDL) lists drugs covered by your prescription benefit. The CDL is updated often and may change. For more information, you may view the latest CDL on our website at absolutetotalcare.com or call us at 1-866-433-6041 (TTY: 711).

Comprehensive Drug List Medication Locator Instructions:

1. With the PDF open, click on the Edit menu, then click Find.
2. In the Find box type the name of the medicine you want to locate.
3. Click the Next button until you find the medicine(s) you are looking for.

Notice of Non-Discrimination

Absolute Total Care (ATC) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity. ATC does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation or gender identity.

ATC provides free aids and services to people with disabilities, such as qualified sign language interpreters and written information in other formats (large print, braille, audio, accessible electronic formats, other formats). We provide free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact our Manager of Member Services, by mail at: 100 Center Point Circle, Columbia, SC 29210; by phone at: 1-866-433-6041 (TTY: 711); or by email at: ATCMBRSVC@centene.com.

If you believe that ATC has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation or gender identity, you can file a grievance using the contact information provided above. You can file a grievance in person or by mail or email. If you need help filing a grievance, we are available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by phone at: 800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. Language assistance services are available. Please visit our Language Assistance page for more information.

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-866-433-6041 (TTY: 711).

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-433-6041 (TTY: 711).

إذا كانت لغتك الأساسية غير اللغة الانكليزية فان خدمات المساعدات اللغوية متوفرة لك مجاناً. اتصل على الرقم:
1-866-433-6041 (رقم هاتف الصم والبكم 711)

Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-866-433-6041 (TTY: 711).

Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-433-6041 (телетайп: 711).

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-433-6041 (TTY: 711).

Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-866-433-6041 (TTY: 711)

如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-866-433-6041 (TTY: 711)

Falam tawng thiam tu na si le tawng let nak asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in na ko thei.

धयद आप हदी बोलते ह तो आपके िलए मुफ्त म भाषा सहायता सेवाएं उपलब्ध ह। 1-866-433-6041 (TTY: 711) पर कॉल कर।

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-433-6041 (TTY: 711)번으로 전화해 주십시오.

Haka tawng thiam tu na si le tawng let asi mi 1-866-433-6041 (TTY: 711) ah tang ka pek tul lo in ko thei.

Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-433-6041 (ATS: 711).

နမူကတိက ကညီ ကျိာ်အယိ, နမနူ ကျိာ်အတိာ်မၤစၢၤလၢ တလၢာ်ဘျုးလၢာ်စ့ၤ နီတံၤဘျုးသ့န့ၢ်လီၤ. ကိး
866-433-6041 (TTY: 711)

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክሳው ቁጥር ይደውሉ 1-866-433-6041 (መስማት ስተሳናቸው: 711)።

အကယ်၍ သင်သည် မြန်မာစကားကို ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့် ၎င်းအတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် 1-866-433-6041 (TTY: 711) သို့ ခေါ်ဆိုပါ။

Pharmacy Program

It's important to Absolute Total Care that our members receive medications that are appropriate and high quality. We work hard to make sure you have access to safe and effective medications that are proven to help you get healthy and stay healthy.

The pharmacy program does not cover all medicines. Some medicines require prior authorization (PA). Some have limits on age, dosage and maximum quantities.

Comprehensive Drug List (CDL)

The Absolute Total Care CDL is the list of covered drugs. The CDL applies to drugs you can receive at retail pharmacies. The Absolute Total Care CDL is reviewed often by Absolute Total Care to make sure the use of medicines is appropriate.

Pharmacy Benefit Manager

Absolute Total Care works with Pharmacy Services to process pharmacy claims for prescribed drugs. Some drugs on the Absolute Total Care CDL may require PA. Pharmacy Services is responsible for the PA process. Express Scripts is our Pharmacy Benefit Manager (PBM).

Specialty Drugs

The preferred specialty pharmacy provider of Absolute Total Care is AcariaHealth Specialty Pharmacy. All specialty drugs must have PA to be approved for payment by Absolute Total Care. The Absolute Total Care Medical Director and Absolute Total Care Pharmacy Director are in charge of the clinical review of these PA requests.

AcariaHealth Specialty Pharmacy provides the following services:

- Delivers drugs to your home or provider's office
- Provides staff pharmacists. The pharmacists can help you 24 hours a day, seven days a week to answer your questions and offer help with your drugs
- Gives you information, materials and ongoing support to help you take the drugs to manage your health condition
- Hepatitis C agents

Dispensing Limits

Drugs may be filled up to a maximum of 31 days' supply for each new prescription or refill. A total of 80% of the days' supply or 25 days must have passed before the prescription can be refilled for non-controlled-substance CDL drugs. A total of 90% of the days' supply must have passed before the prescription can be refilled for controlled substances and narcotic CDL drugs.

Appropriate Use and Safety Edits

The health and safety of our members is important to Absolute Total Care. One way we make sure our members are safe is through point-of-sale (POS) edits. This happens at the time a prescription is

processed at the pharmacy. These edits are based on U.S. Food and Drug Administration (FDA) recommendations. They promote safe and effective medicine use.

Prior Authorizations (PAs)

Some medicines listed on the Absolute Total Care CDL may need PA. The information for PAs should be sent to Pharmacy Services. The information should be sent by your provider or pharmacist. They can fill this information out on the **Medication Prior Authorization Form**. This form should be **faxed to Pharmacy Services at 1-833-982-4001**. This document can be found on the Absolute Total Care website, absolutetotalcare.com. All completed authorizations are reviewed within 24 hours from the time of receipt.

Absolute Total Care will cover the medicine if it is determined that:

1. There is a medical reason the member needs the specific medicine.
2. Depending on the medicine, other medicines on the CDL have not worked.

PA requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and their provider will be notified. Alternative options and appeal process information will also be provided.

Step Therapy

Sometimes Absolute Total Care requires you to do step therapy. This means you will have to try medicines in the CDL in a certain order before we cover another medicine.

If Absolute Total Care has record that the first medicine was tried and did not work, the next medicine is automatically covered. If Absolute Total Care does not have a record that the required medicine was tried, the provider may have to send more information about the request.

If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

Quantity Limits

Sometimes, Absolute Total Care limits how much of a certain medicine a member can get at once. If your provider thinks that you have a reason to get more than the limit, they can submit a PA. If Absolute Total Care does not approve the PA, we will notify the member and their provider. They will also send information about the appeal process.

Age Limits

Sometimes, medicines on the Absolute Total Care CDL have age limits. This is because of drug maker, FDA or clinical guidelines. It is to keep you healthy and safe. Age limits meet FDA alerts for the appropriate use of pharmaceuticals. They also align with South Carolina Healthy Connections Medicaid Guidelines.

Medical Necessity Requests

Sometimes, a member needs a medicine that is not listed in the CDL. When this happens, the member's provider can make a medical necessity (MN) request for the medicine. A MN request does not happen often. This is because the list of medicines on the CDL treat most medical conditions.

For a MN request, Absolute Total Care requires:

- Documented failure of at least two CDL drugs within the same therapeutic class for the same diagnosis. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented intolerance or contraindication to at least two CDL drugs within the same therapeutic class. This is required as long as two drugs are listed in the same category with comparable labeled indications; or
- Documented clinical history or presentation where the patient is not a candidate for any of the CDL drugs for the indication.

These requests are reviewed by a licensed clinical pharmacist. The pharmacist uses criteria established by the Centene Corporate P&T Committee. If the request is approved, the provider will be notified by fax. If the information provided does not meet the criteria for the requested medicine, member and provider will be notified. Alternative options and appeal process information will also be provided.

Emergency Supply Policy

State and federal law require that a pharmacy fill a 72-hour supply of CDL medicine to any member awaiting PA determination. This is so the member's therapy is not interrupted or delayed. All participating pharmacies are authorized to provide a 72-hour supply of medicine. They are reimbursed for the ingredient cost and dispensing fee of the 72-hour supply of medication. They are reimbursed whether or not the PA request ends up being approved or denied. If the pharmacy has any questions, they may call the Pharmacy Help Desk at **1-833-750-4506**.

Exclusions

The following drug categories are not part of the Absolute Total Care CDL, unless noted as covered on the CDL. They are also not covered by the 72-hour emergency supply policy:

- Weight control products
- Pharmaceuticals used for cosmetic purposes or hair growth
- Investigational pharmaceuticals or products
- Immunizing agents
- Drug Efficacy Study Implementation (DESI) and Identical, Related, and Similar (IRS) drugs that are classified as ineffective
- Fertility products
- Erectile dysfunction products prescribed to treat impotence

- Nutritional supplements
- Injectables (except those listed in the CDL)
- Infusion supplies
- Gender transition pharmaceuticals or products

Newly-Approved Products

Absolute Total Care reviews new drugs before adding them to the CDL. While the new drugs are being reviewed, access to them will be considered through the PA review process. If Absolute Total Care does not approve PA, we will notify the member and their practitioner. We will also provide information about the appeal process.

Over-The-Counter (OTC) Medications

Absolute Total Care covers many OTC medicines. These medicines can be found in the Absolute Total Care CDL. These products are covered as long as you have a prescription from a licensed practitioner that meets all the legal requirements for a prescription.

Generic Drugs

Generic drugs are made up of the same active ingredient as brand-name drugs. When generic drugs are available, the brand-name drug will not be covered without Absolute Total Care PA unless the Brand name drug is preferred by the SCDHHS Single PDL.

If you or your provider think a brand-name drug is medically necessary, the provider must request the drug using the PA process. Absolute Total Care will cover the brand-name drug according to our clinical guidelines if there is a medical reason the member needs the particular brand-name drug. If Absolute Total Care does not approve the PA, we will notify the member and their provider. We will also send information about the appeal process.

Drug Efficacy Study Implementation (DESI) Drugs

DESI products and known related drug products are defined as less than effective by the FDA. This is because there is not much evidence that it is effective for all labeling indications. It is also because *justification* for their medical need has not been established. DESI products are not covered by Absolute Total Care.

Filling a Prescription

Members can have prescriptions filled at an Absolute Total Care network pharmacy. You can find a network pharmacy near you by contacting **Absolute Total Care Member Services at 1-866-433--6041 (TTY: 711)**. You can also visit Absolute Total Care's website at absolutetotalcare.com and click Find a Provider to locate a pharmacy. You can type in your address or zip code and see pharmacies that are close by. At the pharmacy, you will need to provide your prescription and your Absolute Total Care member ID card.

If members are traveling more than 30 miles from the South Carolina border, they can have a one-time fill of their medicine. All necessary prescriptions are required to be filled on the same day for a maximum 31-day supply.

Copayments

Effective July 1, 2024, Absolute Total Care charges \$0.00 for each prescription.

Drug Tiers

The following notations define the comprehensive drug list status in the Drug Tier column.

P:	Preferred
NP:	Non-preferred
PA:	Preferred with Clinical PA

Non-managed/Supplemental (clinical criteria may apply):

C:	Non-Managed Covered
NC:	Non-Managed Not Covered
X:	Pharmacy Benefit Exclusion

Abbreviations

The following notations and abbreviations may be found in the drug listing requirements/limits column.

AL:	Age Limit	Drug is limited to a specific age.
QL:	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific timeframe.
Max Day(s) Supply:	Day(s) Supply	There is a limit on the amount of the drug that is covered per time.
Max Fill:	Fill Limit	There is a limit on the number of times the drug can be filled.
Opioid Smart PA:	Unique Limits for Opioid Drugs	There may be limits on use such as a maximum seven-day supply for short-acting opioids or prior authorization required. Exceptions exist for specific diagnoses and/or history of use.
PA, Smart PA:	Prior Authorization	Prior authorization is required before prescription can be filled.
Pack Lmt:	Package Limit	There is a limit on the number of packages covered per prescription.
Rtl:	Retail	The limit or restriction applies to coverage at a retail pharmacy.

RX/OTC:	Prescription/Over-the-counter	The drug is available as both prescription and over-the-counter.
SP:	Specialty Drug	High-cost drugs used to treat complex or rare conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.
ST:	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage.

Clinical Edit Descriptions

Edit Name	Edit Description
Opioid	<p>Short-acting opioid medicines can only be filled for 7-days at a time when no opioids are filled in the past 180 days (Treatment-Naïve). This limit is extended to 30-day fills when a member has a medical history of cancer, sickle cell, or palliative care in their records. Treatment-Naïve*</p> <p>Limits:</p> <ul style="list-style-type: none"> • Daily Dose Max = 90 MME** • Day Supply Max = 7 days • Must use short-acting opioids before long-acting opioids <p>*Treatment-Naïve means no opioid fill in last 180 days **MME = Morphine Milligram Equivalent</p>
Test Strips	Insulin users are limited to 150 strips per 30 days; Non-insulin users are limited to 100 strips per 90 days.

Contact Information

Absolute Total Care	Phone: 1-866-433-6041 Fax: 1-855-865-9469 Website: www.absolutetotalcare.com
AcariaHealth Specialty Pharmacy	Phone: 1-855-535-1815 Fax: 1-855-217-0926 Website: www.acariahealth.com
Pharmacy Services	PA Phone: 1-866-399-0928 PA Fax: 1-833-982-4001 Help Desk: 1-800-460-8988
Pharmacy Help Desk	Phone: 1-833-750-4506

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					
Amphetamines					
ADDERALL XR CP24 (Use amphetamine-dextroamphetamine)	P		DESOXYN (Use methamphetamine hcl)	NC	
ADDERALL TABS (Use amphetamine-dextroamphetamine)	P	QL(2 ea daily); AL(At least 3 yrs old)	DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	NP	QL(2 ea daily); AL(At least 6 yrs old)
ADZENYS XR-ODT TBED	NP		dextroamphetamine sulfate CP24 10 MG, 15 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
amphetamine sulfate TABS	NP		dextroamphetamine sulfate CP24 5 MG	P	QL(1 ea daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG-3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG, 9.375 MG-9.375 MG-9.375 MG-9.375 MG	NP		dextroamphetamine sulfate SOLN	NP	
amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG-1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG	NC		dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	P	
amphetamine-dextroamphetamine TABS	P	QL(2 ea daily); AL(At least 3 yrs old)	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	
amphetamine-dextroamphetamine TABS	NC	QL(2 ea daily); AL(At least 3 yrs old)	dextroamphetamine sulfate TABS 5 MG, 10 MG	P	QL(2 ea daily); AL(At least 3 yrs old)
			dextroamphetamine sulfate TABS 5 MG, 10 MG	NP	QL(2 ea daily); AL(At least 3 yrs old)
			dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	
			dextroamphetamine sulfate TABS 5 MG, 10 MG	NC	QL(2 ea daily); AL(At least 3 yrs old)
			DYANAVEL XR CHER	NP	
			DYANAVEL XR SUER	NC	
			DYANAVEL XR SUER	P	
			EVEKEO TABS (Use amphetamine sulfate)	NP	
			lisdexamfetamine dimesylate CAPS 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>lisdexamfetamine dimesylate CAPS 10 MG, 20 MG</i>	NC	
<i>lisdexamfetamine dimesylate CAPS</i>	NP	QL(1 ea daily)
<i>lisdexamfetamine dimesylate CHEW</i>	NP	
<i>methamphetamine hcl</i>	NC	
<i>methamphetamine hcl</i>	NP	
MYDAYIS CP24 (<i>Use amphetamine-dextroamphetamine</i>)	NP	
VYVANSE CAPS	P	QL(1 ea daily)
VYVANSE CHEW	P	
XELSTRYM	NP	
XELSTRYM	NP	
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (<i>Use caffeine citrate</i>)	NC	
<i>caffeine & sodium benzoate</i>	NC	
CAFFEINE CITRATED POWD	NC	
<i>caffeine citrate SOLN OR</i>	C	Limit 2 fills per Lifetime; QL(45 ml per fill retail); 2 max fill(s) per 999 day(s) retail
<i>caffeine citrate SOLN IV 60 MG/3ML</i>	NC	
DOPRAM	NC	
Anti-Obesity Agents		
<i>orlistat</i>	NC	
WEGOYV	NC	QL(2 ml per 28 day(s) retail; 2 ml per 28 days mail)
ZEPBOUND	NC	
Attention-Deficit/Hyperactivity Disorder (ADHD)		

Drug Name	Drug Tier	Requirements/Limits
Agents		
<i>atomoxetine hcl 25 MG</i>	NC	
<i>atomoxetine hcl</i>	P	
<i>clonidine hcl (adhd) TB12</i>	NC	
<i>clonidine hcl (adhd) TB12</i>	P	
<i>guanfacine hcl (adhd)</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
INTUNIV (<i>Use guanfacine hcl (adhd)</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
KAPVAY TB12 (<i>Use clonidine hcl (adhd)</i>)	NC	
QELBREE	NP	
QELBREE	NP	
STRATTERA (<i>Use atomoxetine hcl</i>)	NP	AL(At least 6 yrs old)
Histamine H3-Receptor Antagonist/Inverse Agonists		
WAKIX	NP	SP
Stimulants - Misc.		
ADHANSIA XR CP24	NC	
APTENSIO XR CP24 (<i>Use methylphenidate hcl</i>)	NP	
<i>armodafinil</i>	NP	
AZSTARYS	NP	
CONCERTA TBCR 18 MG, 27 MG, 54 MG (<i>Use methylphenidate hcl</i>)	P	QL(1 ea daily); AL(At least 6 yrs old)
CONCERTA TBCR 36 MG (<i>Use methylphenidate hcl</i>)	P	QL(2 ea daily); AL(At least 6 yrs old)
DAYTRANA PTCH (<i>Use methylphenidate</i>)	P	
<i>dexmethylphenidate hcl CP24</i>	NC	
<i>dexmethylphenidate hcl CP24</i>	P	
<i>dexmethylphenidate hcl TABS</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
dexmethylphenidate hcl TABS	P		methylphenidate hcl TBCR 10 MG, 20 MG	P	QL(2 ea daily); AL(At least 6 yrs old)
FOCALIN XR CP24 (Use dexmethylphenidate hcl)	NP		methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	NC	QL(1 ea daily); AL(At least 6 yrs old)
FOCALIN TABS (Use dexmethylphenidate hcl)	NP	QL(2 ea daily); AL(At least 6 yrs old)	methylphenidate hcl TBCR 72 MG	NC	
JORNAY PM CP24	NP		methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	NP	QL(1 ea daily); AL(At least 6 yrs old)
METADATE CD CPCR (Use methylphenidate hcl)	NC	QL(1 ea daily); AL(At least 6 yrs old)	methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	NP	
METHYLIN SOLN (Use methylphenidate hcl)	NP		methylphenidate hcl TBCR 36 MG	NP	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl CHEW	NC		methylphenidate PTCH	NP	
methylphenidate hcl CHEW	NP		modafinil	NP	
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	P		modafinil	NC	
methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	P		NUVIGIL (Use armodafinil)	NP	
methylphenidate hcl CP24	NP		PROVIGIL (Use modafinil)	NP	
methylphenidate hcl CPCR	P	QL(1 ea daily); AL(At least 6 yrs old)	QUILLICHEW ER CHER	P	
methylphenidate hcl SOLN 5 MG/5ML	NC		RELEXXII TBCR 36 MG	NC	QL(2 ea daily); AL(At least 6 yrs old)
methylphenidate hcl SOLN	P		RELEXXII TBCR 45 MG, 63 MG, 72 MG (Use methylphenidate hcl)	NC	
methylphenidate hcl SOLN	P		RELEXXII TBCR 45 MG, 63 MG, 72 MG	NC	
methylphenidate hcl TABS	P		RELEXXII TBCR 18 MG, 27 MG, 54 MG	NC	QL(1 ea daily); AL(At least 6 yrs old)
methylphenidate hcl TABS	NC		RELEXXII TBCR 72 MG	NP	
methylphenidate hcl TB24 36 MG	NP	QL(2 ea daily)	RITALIN LA CP24 (Use methylphenidate hcl)	NP	
methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	NP	QL(1 ea daily)	RITALIN TABS 5 MG (Use methylphenidate hcl)	NP	QL(6 ea daily); AL(At least 3 yrs old)
methylphenidate hcl TBCR 36 MG	NC	QL(2 ea daily); AL(At least 6 yrs old)	RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	NP	QL(3 ea daily); AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ALLERGENIC EXTRACTS/BIOLOGICALS MISC			CALIFORNIA PEPPER TREE EXTRACT	NC	
Allergenic Extracts			CANDIDA ALBICANS ALLERGENIC EXTRACT IJ 1 :1000	NC	
2 COCKROACH MIX EXTRACT	NC		CATTLE EPITHELIUM EXTRACT	NC	
ACACIA EXTRACT SC	NC		CEDAR ELM EXTRACT	NC	
ACACIA POLLEN EXTRACT IJ	NC		CLADOSPORIUM SPHAEROSPERMUM IJ	NC	
ALDER EXTRACT	NC		COCKLEBUR EXTRACT	NC	
AMERICAN BEECH EXTRACT	NC		COMMON SAGEBRUSH POLLEN EXTRACT IJ	NC	
AMERICAN BEECH POLLEN	NC		CORN POLLEN EXTRACT	NC	
AMERICAN COCKROACH EXTRACT	NC		DOCK-SORREL POLLEN MIX EXTRACT IJ	NC	
AMERICAN ELM EXTRACT SC	NC		DOG EPITHELIUM EXTRACT	NC	
AMERICAN SYCAMORE POLLENEXTRACT IJ	NC		DOG FENNEL EXTRACT	NC	
ARIZONA CYPRESS EXTRACT	NC		EASTERN COTTONWOOD EXTRACT SC	NC	
ASPEN POLLEN EXTRACT	NC		ENGLISH PLANTAIN POLLEN EXTRACT IJ	NC	
BAHIA EXTRACT	NC		FIRE ANT EXTRACT	NC	
BALD CYPRESS EXTRACT	NC		GERMAN COCKROACH EXTRACT	NC	
BAYBERRY WAX MYRTLE EXTRACT	NC		GOLDENROD EXTRACT	NC	
BIPOLARIS SOROKINIANA EXTRACT	NC		GRASTEK SUBL	C	QL(1 ea daily); AL(At least 5 yrs old - Up to 65 yrs old)
BLACK WALNUT POLLEN EXTRACT IJ	NC		GREEN ASH POLLEN EXTRACT	NC	
BLACK WALNUT POLLEN EXTRAT IJ	NC		HACKBERRY EXTRACT	NC	
BLACK WILLOW POLLEN EXTRAT IJ	NC		HONEY BEE VENOM PROTEIN SOLR IJ	NC	
BLACK/SWEET BIRCH POLLENEXTRACT	NC		HORSE EPITHELIA EXTRACT	NC	
BOX ELDER POLLEN EXTRACT IJ	NC		HORSE EPITHELIUM EXTRACT	NC	
BROME EXTRACT	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
JOHNSON GRASS EXTRACT	NC		PALFORZIA LEVEL 10 CSPK	NC	SP
KOCHIA EXTRACT	NC		PALFORZIA LEVEL 11 (MAINTENANCE) PACK	NC	SP
LENSCALE EXTRACT	NC		PALFORZIA LEVEL 11 (TITRATION) PACK	NC	SP
MEADOW FESCUE GRASS POLLEN EXTRACT	NC		PALFORZIA LEVEL 1 CSPK	NC	SP
MELALEUCA EXTRACT	NC		PALFORZIA LEVEL 2 CSPK	NC	SP
MESQUITE EXTRACT	NC		PALFORZIA LEVEL 3 CSPK	NC	SP
MIXED FEATHERS EXTRACT	NC		PALFORZIA LEVEL 4 CSPK	NC	SP
MIXED RAGWEED EXTRACT	NC		PALFORZIA LEVEL 5 CSPK	NC	SP
MIXED VESPID VENOM PROTEIN SOLR IJ	NC		PALFORZIA LEVEL 6 CSPK	NC	SP
MOUNTAIN CEDAR EXTRACT SC	NC		PALFORZIA LEVEL 7 CSPK	NC	SP
MOUNTAIN CEDAR POLLEN EXTRACT IJ	NC		PALFORZIA LEVEL 8 CSPK	NC	SP
MOUSE EPITHELIA EXTRACT	NC		PALFORZIA LEVEL 9 CSPK	NC	SP
MOUSE EPITHELIUM EXTRACT	NC		PECAN POLLEN EXTRACT IJ	NC	
MUGWORT EXTRACT	NC		PRIVET EXTRACT	NC	
NETTLE POLLEN EXTRACT	NC		QUEEN PALM EXTRACT	NC	
ODACTRA SUBL	NC		RABBIT EPITHELIUM EXTRACT	NC	
OLIVE TREE EXTRACT	NC		RAGWITEK SUBL	C	QL(1 ea daily); AL(At least 18 yrs old - Up to 65 yrs old)
ORALAIR ADULT STARTER PACK SUBL	NC		RED ALDER POLLEN EXTRACT	NC	
ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	NC		RED CEDAR POLLEN EXTRACT IJ	NC	
ORALAIR SUBL	NC		RED MAPLE EXTRACT SC	NC	
ORCHARD GRASS POLLEN EXTRACT	NC		RED MULBERRY EXTRACT	NC	
OREGON ASH POLLEN EXTRACT	NC				
PALFORZIA INITIAL DOSE ESCALATION CSPK	NC	SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RED TOP GRASS POLLEN EXTRACT	NC		STANDARDIZED JUNE GRASS POLLEN EXTRACT	NC	
RIVER BIRCH POLLEN EXTRACT	NC		STANDARDIZED MITE DERMATOPHAGOIDES FARINAE IJ 10000 AU/ML, 30000 AU/ML, 5000 AU/ML	NC	
ROUGH MARSH ELDER EXTRACT	NC		STANDARDIZED MITE DERMATOPHAGOIDES PTERONYSSINUS IJ 10000 AU/ML, 30000 AU/ML, 5000 AU/ML	NC	
ROUGH REDROOT PIGWEED POLLEN EXTRACT	NC		STANDARDIZED MITE EXTRACT SC 10000 AU/ML	NC	
RUSSIAN THISTLE EXTRACT	NC		STANDARDIZED MITE MIXED EXTRACT SOLN SC	NC	
SHAGBARK HICKORY EXTRACT	NC		STANDARDIZED MITE MIX SOLN SC 5000 AU/ML-5000 AU/ML	NC	
SHEEP SORREL EXTRACT	NC		STANDARDIZED PERENNIAL RYE GRASS POLLEN EXTRACT IJ	NC	
SHORT AND GIANT RAGWEED POLLEN MIX EXTRACT	NC		STANDARDIZED SWEET VERNALGRASS POLLEN	NC	
SHORT RAGWEED EXTRACT SOLN	NC		STANDARDIZED TIMOTHY GRASS POLLEN EXTRACT SOLN IJ	NC	
SORREL/DOCK MIX EXTRACT IJ	NC		SWEET GUM EXTRACT	NC	
SPINY PIGWEED EXTRACT	NC		TALL RAGWEED EXTRACT	NC	
SPRING BIRCH POLLEN EXTRACT	NC		TIMOTHY GRASS POLLEN EXTRACT SOLN IJ	NC	
STANDARDIZED BERMUDA GRASS POLLEN IJ	NC		TREE MIX 9	NC	
STANDARDIZED CAT HAIR EXTRACT SOLN IJ 10000 BAU/ML-10000 BAU/ML, 5000 BAU/ML-5000 BAU/ML	NC		TRICOPHYTON MENTAGROPHYTES	NC	
STANDARDIZED GRASS POLLEN MIX KORT/SWEET VERNAL GRASS EXT	NC		VENOMIL HONEY BEE VENOM KIT 120 MCG	NC	
STANDARDIZED GRASS POLLENMIXTURE OF 6	NC				
STANDARDIZED GRASS POLLENPERENNIAL RYE IJ	NC				

Drug Name	Drug Tier	Requirements/Limits
VENOMIL MIXED VESPID VENOM PROTEIN SOLR IJ	NC	
VENOMIL WASP VENOM PROTEIN KIT	NC	
VENOMIL WHITE FACED HORNET PROTEIN KIT	NC	
VENOMIL WHITE FACED HORNET VENOM PROTEIN KIT	NC	
VENOMIL YELLOW HORNET VENOM PROTEIN KIT	NC	
VENOMIL YELLOW JACKET VENOM PROTEIN KIT	NC	
WASP VENOM PROTEIN SOLR IJ 550 MCG, 1300 MCG	NC	
WAX MYRTLE POLLEN EXTRACT	NC	
WESTERN JUNIPER EXTRACT	NC	
WHITE ASH POLLEN EXTRACT IJ	NC	
WHITE BIRCH EXTRACT SC	NC	
WHITE BIRCH POLLEN EXTRACT IJ	NC	
WHITE MULBERRY EXTRACT	NC	
WHITE OAK EXTRACT	NC	
WHITE PINE EXTRACT	NC	
WHITE-FACED HORNET VENOM SOLR IJ	NC	
YELLOW DOCK EXTRACT	NC	
YELLOW HORNET VENOMPROTEIN SOLR IJ	NC	
YELLOW JACKET VENOMPROTEIN SOLR IJ	NC	

Drug Name	Drug Tier	Requirements/Limits
ALTERNATIVE MEDICINES		
Alternative Medicine - A's		
ALPHA-LIPOIC ACID SOLN	NC	
Alternative Medicine - G's		
<i>ginger (zingiber officinalis) CAPS 250 MG</i>	C	QL(4 ea daily)
Alternative Medicine - H's		
LITTLE REMEDIES HONEY COUGH SYRP	NC	
Alternative Medicine - P's		
EC- RX DHEA 4% CREA	NC	
EC-RX DHEA 10% CREA	NC	
Alternative Medicine - U		
COENZYME Q-10 SOLN	NC	
AMEBICIDES		
Amebicides		
IODOQUINOL POWD	NC	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	NC	
ARIKAYCE	NP	SP
BETHKIS NEBU (<i>Use tobramycin</i>)	NP	
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %</i>	NC	
<i>gentamicin sulfate IJ</i>	NC	
HUMATIN	NC	SP
<i>neomycin sulfate TABS</i>	NP	
<i>neomycin sulfate TABS</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>streptomycin sulfate SOLR</i>	NC	
<i>tobramycin sulfate SOLN IJ</i>	NC	
<i>tobramycin sulfate SOLR</i>	NC	
<i>tobramycin NEBU</i>	NP	
ZEMDRI	NC	
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Analgesics - Anti-inflammatory Combinations		
LEFLUNICLO	NC	
PRASTERA	NC	
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ LQ SOLN	NP	
RINVOQ TB24 15 MG	NP	
RINVOQ TB24	NP	SP
XELJANZ XR TB24	NP	SP
XELJANZ SOLN	NP	
XELJANZ SOLN	NP	SP
XELJANZ TABS	NP	SP
Antirheumatic Antimetabolites		
METHOTREXATE	C	
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP
OTREXUP SOAJ 10 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	
OTREXUP SOAJ 12.5 MG/0.4ML	NC	SP

Drug Name	Drug Tier	Requirements/Limits
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	NC	SP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	P	SP
RASUVO SOAJ 20 MG/0.4ML	P	
REDITREX SOSY	NP	SP
REDITREX SOSY	NP	
Anti-TNF-alpha - Monoclonal Antibodies		
ABRILADA 1-PEN KIT AJKT	NP	
ABRILADA 2-PEN KIT AJKT	NP	
ABRILADA PSKT	NP	
ADALIMUMAB-AACF (2 PEN) AJKT	NP	
ADALIMUMAB-AATY 1-PEN KIT AJKT	NP	
ADALIMUMAB-AATY 1-PEN KIT AJKT	NP	
ADALIMUMAB-AATY 2-PEN KIT AJKT	NP	
ADALIMUMAB-AATY 2-SYRINGE KIT PSKT 20 MG/0.2ML	NP	
ADALIMUMAB-ADAZ SOAJ	NP	
ADALIMUMAB-ADAZ SOAJ	NC	
ADALIMUMAB-ADAZ SOSY	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ADALIMUMAB-ADAZ SOSY	NP		HUMIRA PEN-CD/UC/HS STARTER PNKT	P	SP
ADALIMUMAB-ADB M CROHNS/UC/HS STARTER AJKT	NP		HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	P	SP
ADALIMUMAB-ADB M PSORIASIS/UVEITIS STARTER AJKT	NP		HUMIRA PEN PNKT	NC	SP
ADALIMUMAB-ADB M AJKT	NP		HUMIRA PEN PNKT	P	SP
ADALIMUMAB-ADB M PSKT	NP		HUMIRA PEN-PS/UV STARTER PNKT	P	SP
ADALIMUMAB-FKJP AJKT	NP		HUMIRA PEN-PS/UV STARTER PNKT	NC	SP
ADALIMUMAB-FKJP PSKT	NP		HUMIRA PSKT	P	SP
ADALIMUMAB-FKJP PSKT	NP		HUMIRA PSKT	NC	SP
ADALIMUMAB-RYVK (2 PEN)	NP		HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	NP	
AMJEVITA SOAJ	NP		HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	NP	
AMJEVITA SOAJ	NP	SP	HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	NP	
AMJEVITA SOSY	NP	SP	HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	NC	
AMJEVITA SOSY 40 MG/0.4ML	NP		HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ	NP	
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	NP		HYRIMOZ SENSOREADY PENS SOAJ	NC	
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	NP		HYRIMOZ SOAJ 40 MG/0.4ML	NC	
CYLTEZO AJKT	NP		HYRIMOZ SOAJ	NP	
CYLTEZO PSKT	NP		HYRIMOZ SOSY	NP	
HADLIMA PUSHTOUCH SOAJ	NP		HYRIMOZ SOSY	NC	
HADLIMA SOSY	NP		HYRIMOZ SOSY	NC	
HULIO AJKT	NP		IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	NP	
HULIO PSKT	NP		IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	NP	
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	P	SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SIMLANDI 1-PEN KIT	NP		ALEVE TABS (<i>Use naproxen sodium</i>)	NC	QL(2 ea daily)
SIMLANDI 2-PEN KIT	NP		ANAPROX DS TABS (<i>Use naproxen sodium</i>)	NC	
SIMPONI ARIA SOLN	NC	SP	ARTHROTEC 50 TBEC (<i>Use diclofenac w/ misoprostol</i>)	NP	
SIMPONI SOAJ	NP	SP	ARTHROTEC 50 TBEC (<i>Use diclofenac w/ misoprostol</i>)	NP	
SIMPONI SOSY	NP	SP	ARTHROTEC 75 TBEC (<i>Use diclofenac w/ misoprostol</i>)	NP	
YUFLYMA 1-PEN KIT AJKT 40 MG/0.4ML	NP		CALDOLOR SOLN 800 MG/8ML	NC	
YUFLYMA 2-PEN KIT AJKT	NP		<i>celecoxib</i>	NC	QL(2 ea daily)
YUFLYMA 2-SYRINGE KIT PSKT	NP		CHILDRENS ADVIL SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NC	RX/OTC
YUFLYMA 2-SYRINGE KIT PSKT	NP		CHILDRENS MOTRIN SUSP 100 MG/5ML (<i>Use ibuprofen</i>)	NC	RX/OTC
YUFLYMA CD/UC/HS STARTER AJKT	NP		COMBOGESIC SOLN	NC	
YUSIMRY	NP		COXANTO CAPS	NC	
Gold Compounds			DAYPRO TABS (<i>Use oxaprozin</i>)	NP	
RIDAURA	NC		DFS DR/MS/MENTH/CAP PAK	NC	
Interleukin-1 Blockers			<i>diclofenac potassium CAPS</i>	NP	
ARCALYST	NP		<i>diclofenac potassium CAPS</i>	NC	
Interleukin-1 Receptor Antagonist (IL-1Ra)			<i>diclofenac potassium TABS</i>	NP	
KINERET SOSY	NP	SP	<i>diclofenac potassium TABS</i>	NC	
KINERET SOSY	NP		<i>diclofenac sodium-capsaicin</i>	NC	
Interleukin-6 Receptor Inhibitors			<i>diclofenac sodium TB24</i>	P	
ACTEMRA ACTPEN SOAJ	NP	SP	<i>diclofenac sodium TBEC 50 MG, 75 MG</i>	NC	
ACTEMRA SOLN	NC	SP	<i>diclofenac sodium TBEC</i>	P	
ACTEMRA SOSY	NP	SP			
KEVZARA SOAJ	NP	SP			
KEVZARA SOSY	NP	SP			
TYENNE SC 162 MG/0.9ML	NC				
Nonsteroidal Anti-inflammatory Agents (NSAIDs)					
ADVIL TABS (<i>Use ibuprofen</i>)	NC				
ALEVE ARTHRITIS TABS (<i>Use naproxen sodium</i>)	NC	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>diclofenac w/ misoprostol TBEC</i>	NC		<i>ibuprofen TABS 400 MG, 600 MG, 800 MG</i>	P	
<i>diclofenac w/ misoprostol TBEC</i>	NP		INDOCIN SUSP (Use indomethacin)	NC	
DICLOFENAC CAPS	NC		INDOMETHACIN	NC	
DUEXIS (Use ibuprofen-famotidine)	NP		<i>indomethacin sodium</i>	NC	
EC-NAPROSYN TBEC (Use naproxen)	NC	QL(2 ea daily)	<i>indomethacin CAPS</i>	NC	
<i>etodolac CAPS</i>	NP		<i>indomethacin CAPS 25 MG, 50 MG</i>	P	
<i>etodolac TABS</i>	NC		<i>indomethacin CAPS</i>	NC	
<i>etodolac TABS</i>	NP		<i>indomethacin CPCR</i>	NP	
<i>etodolac TB24</i>	NP		<i>indomethacin CPCR</i>	NC	
FELDENE CAPS (Use piroxicam)	NP		<i>indomethacin SUPP</i>	NP	
<i>fenoprofen calcium CAPS 400 MG</i>	NP		<i>indomethacin SUPP</i>	NC	
<i>fenoprofen calcium CAPS 400 MG</i>	NC		INDOMETHACIN SUPP 100 MG	NC	
FENOPROFEN CALCIUM CAPS 200 MG	NC		<i>indomethacin SUSP</i>	NP	
<i>fenoprofen calcium TABS</i>	NP		INFANTS ADVIL SUSP (Use ibuprofen)	NC	
<i>flurbiprofen TABS 100 MG</i>	NP		INFLATHERM	NC	
<i>flurbiprofen TABS 100 MG</i>	NP		<i>ketoprofen CAPS 25 MG</i>	NC	
<i>flurbiprofen TABS 50 MG</i>	C		<i>ketoprofen CAPS 25 MG</i>	NP	
<i>flurbiprofen TABS 100 MG</i>	NC		<i>ketoprofen CAPS 50 MG</i>	C	
<i>ibuprofen lysine</i>	NC		<i>ketoprofen CP24</i>	NP	
<i>ibuprofen CHEW</i>	C		KETOROCAINE-L	NC	
<i>ibuprofen-famotidine</i>	NP		KETOROCAINE-LM	NC	
<i>ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML</i>	C		KETOROLAC TROMETHAMINE/BUPIVACAINE HYDROCHLORIDE/KETAMINE HY	NC	
<i>ibuprofen SUSP 100 MG/5ML</i>	NC	RX/OTC	<i>ketorolac tromethamine SOLN IM 30 MG/ML, 60 MG/2ML</i>	NC	
<i>ibuprofen SUSP 100 MG/5ML</i>	P	RX/OTC	KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP	
<i>ibuprofen TABS 100 MG, 400 MG, 600 MG, 800 MG</i>	NC		KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML	NC	
<i>ibuprofen TABS 200 MG</i>	C				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	NP		<i>naproxen sodium TB24</i>	NP	
<i>ketorolac tromethamine TABS</i>	P	QL(20 ea per 31 day(s) retail); AL(At least 17 yrs old)	<i>naproxen sodium TB24 375 MG, 500 MG</i>	NC	
LODINE TABS (<i>Use etodolac</i>)	NC		<i>naproxen-esomeprazole magnesium 375 MG-20 MG</i>	NC	
<i>meclofenamate sodium CAPS</i>	NP		<i>naproxen-esomeprazole magnesium</i>	NP	
<i>mefenamic acid CAPS</i>	NC		<i>naproxen SUSP</i>	NC	
<i>mefenamic acid CAPS</i>	NP		<i>naproxen SUSP</i>	P	
<i>meloxicam CAPS</i>	NP		<i>naproxen TABS</i>	NC	
<i>meloxicam SUSP</i>	NC		<i>naproxen TABS</i>	P	
<i>meloxicam TABS</i>	P		<i>naproxen TBEC</i>	NP	QL(2 ea daily)
<i>meloxicam TABS</i>	NC		<i>naproxen TBEC</i>	NC	QL(2 ea daily)
MOTRIN CHILDRENS CHEW (<i>Use ibuprofen</i>)	NC		<i>naproxen TBEC</i>	P	QL(2 ea daily)
MOTRIN INFANTS DROPS SUSP (<i>Use ibuprofen</i>)	NC		NUDROXIPAK	NC	
<i>nabumetone</i>	NC		NUDROXIPAK DSDR-50	NC	
<i>nabumetone</i>	P		NUDROXIPAK DSDR-75	NC	
NALFON CAPS (<i>Use fenoprofen calcium</i>)	NP		NUDROXIPAK E-400	NC	
NALFON TABS (<i>Use fenoprofen calcium</i>)	NP		NUDROXIPAK I-800	NC	
NAPRELAN TB24 500 MG (<i>Use naproxen sodium</i>)	NC		NUDROXIPAK M-15	NC	
NAPRELAN TB24 (<i>Use naproxen sodium</i>)	NP		NUDROXIPAK N-500	NC	
NAPROSYN SUSP (<i>Use naproxen</i>)	NP		<i>oxaprozin CAPS</i>	NC	
NAPROSYN TABS 500 MG (<i>Use naproxen</i>)	NC		<i>oxaprozin TABS</i>	NP	
NAPROTIN	NC		<i>oxaprozin TABS</i>	NC	
<i>naproxen sodium TABS 275 MG, 550 MG</i>	NP		<i>piroxicam CAPS</i>	NC	
<i>naproxen sodium TABS 220 MG</i>	C	QL(2 ea daily)	<i>piroxicam CAPS</i>	P	
			PREVIDOLRX ANALGESIC PAK	NC	
			READYSHARP ANESTHETICS +KETOROLAC	NC	
			SPRIX SOLN NA	NC	
			<i>sulindac TABS</i>	P	
			TIVORBEX CAPS (<i>Use indomethacin</i>)	NC	
			TOLECTIN 600 TABS	NP	
			<i>tolmetin sodium CAPS</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>tolmetin sodium TABS 600 MG</i>	NP	
TORONOVA II SUIK	NC	
TORONOVA SUIK	NC	
VIMOVO (<i>Use naproxen-esomeprazole magnesium</i>)	NP	
ZIPSOR CAPS (<i>Use diclofenac potassium</i>)	NC	
ZORVOLEX CAPS	NC	
ZYNRELEF	NC	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	NP	SP
OTEZLA TABS	NP	
OTEZLA TBPk	NP	SP
Pyrimidine Synthesis Inhibitors		
ARAVA (<i>Use leflunomide</i>)	NC	QL(1 ea daily)
<i>leflunomide</i>	C	QL(1 ea daily)
Selective Costimulation Modulators		
ORENCIA CLICKJECT SOAJ	NP	SP
ORENCIA SOLR	NC	SP
ORENCIA SOSY	NP	SP
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL MINI SOCT	P	SP
ENBREL SURECLICK SOAJ	P	SP
ENBREL SOLN	P	SP
ENBREL SOLR	NC	SP
ENBREL SOSY	P	SP
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
ALLZITAL TABS	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-300 MG</i>	NC	
<i>butalbital-acetaminophen-caffeine CAPS 40 MG-50 MG-325 MG</i>	C	QL(4 ea daily)
<i>butalbital-acetaminophen-caffeine SOLN</i>	NC	
<i>butalbital-acetaminophen-caffeine TABS 40 MG-50 MG-325 MG</i>	C	QL(4 ea daily)
<i>butalbital-acetaminophen CAPS 50 MG-300 MG</i>	NC	
<i>butalbital-acetaminophen TABS 25 MG-325 MG, 50 MG-300 MG</i>	NC	
<i>butalbital-acetaminophen TABS 50 MG-325 MG</i>	C	
<i>butalbital-aspirin-caffeine CAPS</i>	C	QL(4 ea daily)
ESGIC TABS (<i>Use butalbital-acetaminophen-caffeine</i>)	NC	QL(4 ea daily)
Analgesics Other		
<i>acetaminophen CHEW</i>	C	
<i>acetaminophen ELIX</i>	C	
<i>acetaminophen LIQD 160 MG/5ML</i>	C	
<i>acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	C	QL(240 ml per fill retail)
<i>acetaminophen SOLN IV 10 MG/ML, 1000 MG/100ML</i>	NC	
ACETAMINOPHEN SOSY	NC	
<i>acetaminophen SUPP 120 MG, 650 MG</i>	C	QL(12 ea per 31 day(s) retail)
<i>acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML</i>	C	
<i>acetaminophen TABS 325 MG, 500 MG</i>	C	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl (analgesia) EP</i>	NC		BUFFERIN (<i>Use aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NC	
CLONIDINE HYDROCHLORIDE XX	NC		<i>diflunisal TABS</i>	NC	
FEVERALL JUNIOR STRENGTH SUPP	C	QL(12 ea per 31 day(s) retail)	<i>diflunisal TABS</i>	NP	
INFANTS SILAPAP SOLN OR	C	QL(30 ml per fill retail)	ECOTRIN ARTHRITIS PAIN TBEC (<i>Use aspirin</i>)	NC	
LOTREXONE	NC		ECOTRIN REGULAR STRENGTH TBEC (<i>Use aspirin</i>)	NC	
NALTREX	NC		ECOTRIN TBEC (<i>Use aspirin</i>)	NC	
OFIRMEV SOLN IV (<i>Use acetaminophen</i>)	NC		<i>salsalate</i>	C	
TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (<i>Use acetaminophen</i>)	NC		ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE CHEW	C	
TYLENOL CHILDRENS PAIN +FEVER SUSP (<i>Use acetaminophen</i>)	NC		ST JOSEPH ADULT CHEW	C	
TYLENOL CHILDRENS SUSP (<i>Use acetaminophen</i>)	NC		ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
TYLENOL EXTRA STRENGTH TABS (<i>Use acetaminophen</i>)	NC		Opioid Agonists		
TYLENOL FOR CHILDREN/ADULTS SUSP (<i>Use acetaminophen</i>)	NC		ACTIQ LPOP (<i>Use fentanyl citrate</i>)	NP	
TYLENOL INFANTS PAIN+FEVER SUSP (<i>Use acetaminophen</i>)	NC		<i>codeine sulfate TABS 30 MG</i>	P	Opioid Smart PA; AL(At least 12 yrs old)
TYLENOL TABS (<i>Use acetaminophen</i>)	NC		CODEINE SULFATE TABS	P	Opioid Smart PA; AL(At least 12 yrs old)
Salicylates			CONZIP CP24 (<i>Use tramadol hcl</i>)	NP	
<i>aspirin buffered (cal carb-mag carb-mag oxide)</i>	C		DEMEROL SOLN IJ	NC	
<i>aspirin CHEW</i>	C		DILAUDID LIQD (<i>Use hydromorphone hcl</i>)	NP	
ASPIRIN SUPP 300 MG	C	QL(12 ea per 31 day(s) retail)	DILAUDID TABS 2 MG (<i>Use hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(8 ea daily)
<i>aspirin TABS 325 MG</i>	C		DILAUDID TABS 8 MG (<i>Use hydromorphone hcl</i>)	NP	Opioid Smart PA; QL(4 ea daily)
<i>aspirin TBEC 81 MG, 325 MG</i>	C		DILAUDID TABS 4 MG (<i>Use hydromorphone hcl</i>)	NP	Opioid Smart PA
			DSUVIA SUBL	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DSUVIA SUBL	NP		<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	P	Opioid Smart PA; QL(0.34 ea daily)
FENTANYL CITRATE/SODIUM CHLORIDE SOLN IV 1 MG/100ML-0.9 %, 1.25 MG/250ML-0.9 %, 2 MG/100ML-0.9 %, 2.5 MG/100ML-0.9 %, 2.5 MG/250ML-0.9 %	NC		<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NC	
FENTANYL CITRATE/SODIUM CHLORIDE SOSY 10 MCG/2ML-0.9 %, 10 MCG/ML-0.9 %, 100 MCG/10ML-0.9 %, 1000 MCG/50ML-0.9 %, 2500 MCG/50ML-0.9 %, 5 MCG/ML-0.9 %, 500 MCG/50ML-0.9 %, 550 MCG/55ML-0.9 %	NC		<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP	
<i>fentanyl citrate LPOP</i>	NP		FENTANYL SOLN IV	NC	
<i>fentanyl citrate LPOP</i>	NP		FENTORA TABS (Use <i>fentanyl citrate</i>)	NP	
<i>fentanyl citrate SOLN IJ 50 MCG/ML</i>	NC		<i>hydrocodone bitartrate CP12</i>	NP	
FENTANYL CITRATE SOLN IV 1000 MCG/100ML, 1000 MCG/50ML, 1600 MCG/100ML, 2000 MCG/100ML, 2500 MCG/50ML, 5000 MCG/100ML	NC		<i>hydrocodone bitartrate T24A</i>	NP	
<i>fentanyl citrate SOSY IJ</i>	NC		HYDROMORPHONE HCL/SODIUMCHLORIDE SOSY IV 30 MG/30ML-0.9 %, 55 MG/55ML-0.9 %	NC	
FENTANYL CITRATE SOSY IJ 25 MCG/0.5ML, 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML	NC		<i>hydromorphone hcl LIQD</i>	P	
<i>fentanyl citrate TABS</i>	NP		<i>hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML</i>	NC	
<i>fentanyl citrate TABS</i>	NP		HYDROMORPHONE HCL SUPP	P	Opioid Smart PA; QL(2 ea daily)
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	NC	Opioid Smart PA; QL(0.34 ea daily)	<i>hydromorphone hcl TABS 4 MG</i>	NC	Opioid Smart PA
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP		<i>hydromorphone hcl TABS 8 MG</i>	P	Opioid Smart PA; QL(4 ea daily)
			<i>hydromorphone hcl TABS 2 MG</i>	P	Opioid Smart PA; QL(8 ea daily)
			<i>hydromorphone hcl TABS 8 MG</i>	NC	Opioid Smart PA; QL(4 ea daily)
			<i>hydromorphone hcl TABS 4 MG</i>	P	Opioid Smart PA
			<i>hydromorphone hcl TABS 2 MG</i>	NC	Opioid Smart PA; QL(8 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydromorphone hcl TB24</i>	NP		METHADONE HYDROCHLORIDE/SODIUM CHLORIDE 10 MG/ML-0.8 %	NC	
<i>hydromorphone hcl TB24</i>	NC		METHADONE HYDROCHLORIDE SOSY	NC	
HYDROMORPHONE HYDROCHLORIDE/SODIUM CHLORIDE SOLN IJ 100 MG/100ML-0.9 %	NC		<i>morphine sulfate beads</i>	NP	
HYDROMORPHONE HYDROCHLORIDE/SODIUM CHLORIDE SOSY IJ 10 MG/50ML-0.9 %, 25 MG/25ML-0.9 %, 30 MG/30ML-0.9 %, 6 MG/30ML-0.9 %	NC		<i>morphine sulfate for continuous microinfusion</i>	NC	
HYDROMORPHONE HYDROCHLORIDE SOLN IJ 0.25 MG/0.5ML, 0.5 MG/ML, 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML	NC		MORPHINE SULFATE/SODIUM CHLORIDE SOLN IV 1 MG/ML-0.9 %, 100 MG/100ML-0.9 %, 50 MG/50ML-0.9 %, 500 MG/100ML-0.9 %	NC	
HYSINGLA ER T24A	NP		MORPHINE SULFATE/SODIUM CHLORIDE SOSY IV 1 MG/ML-0.9 %, 150 MG/30ML-0.9 %, 2 MG/ML-0.9 %, 30 MG/30ML-0.9 %, 4 MG/ML-0.9 %, 50 MG/50ML-0.9 %, 55 MG/55ML-0.9 %	NC	
LAZANDA SOLN NA 100 MCG/ACT, 400 MCG/ACT	NC		<i>morphine sulfate CP24 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	
<i>levorphanol tartrate TABS</i>	NP		<i>morphine sulfate SOLN OR 20 MG/ML, 100 MG/5ML</i>	P	Opioid Smart PA
<i>levorphanol tartrate TABS</i>	NP		<i>morphine sulfate SOLN IV 4 MG/ML, 8 MG/ML, 10 MG/ML, 50 MG/ML</i>	NC	
<i>levorphanol tartrate TABS 3 MG</i>	NC		<i>morphine sulfate SOLN OR 20 MG/ML</i>	NC	Opioid Smart PA
<i>meperidine hcl SOLN OR 50 MG/5ML</i>	P	Opioid Smart PA	<i>morphine sulfate SOLN OR 10 MG/5ML, 20 MG/5ML</i>	P	Opioid Smart PA; QL(16.67 ml daily)
<i>meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML</i>	NC		<i>morphine sulfate SOLN OR 10 MG/5ML</i>	NC	Opioid Smart PA; QL(16.67 ml daily)
<i>meperidine hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(6 ea daily)	<i>methadone hcl CONC</i>	NC	
<i>methadone hcl CONC</i>	NC		<i>methadone hcl SOLN OR</i>	NC	
<i>methadone hcl SOLN OR</i>	NC		METHADONE HCL SOLN IJ	NC	
METHADONE HCL SOLN IJ	NC		<i>methadone hcl TABS 5 MG</i>	NC	QL(4 ea daily)
<i>methadone hcl TABS 5 MG</i>	NC	QL(4 ea daily)	<i>methadone hcl TABS 10 MG</i>	NC	QL(10 ea daily)
<i>methadone hcl TABS 10 MG</i>	NC	QL(10 ea daily)	<i>methadone hcl TBSO</i>	NC	
<i>methadone hcl TBSO</i>	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MORPHINE SULFATE SOLN IV 0.5 MG/ML, 1 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML, 10 MG/ML, 50 MG/ML	NC		<i>oxycodone hcl TABS 15 MG, 30 MG</i>	NC	
<i>morphine sulfate SUPP</i>	P	Opioid Smart PA; QL(0.78 ea daily)	<i>oxycodone hcl TABS 15 MG, 30 MG</i>	P	
<i>morphine sulfate TABS</i>	P	Opioid Smart PA; QL(6 ea daily)	OXYCONTIN T12A	NP	
<i>morphine sulfate TBCR</i>	NC		<i>oxymorphone hcl TABS</i>	NP	
<i>morphine sulfate TBCR</i>	P		<i>oxymorphone hcl TABS</i>	NC	
MS CONTIN TBCR (Use <i>morphine sulfate</i>)	NP	Opioid Smart PA; QL(3 ea daily)	<i>oxymorphone hcl TB12</i>	NP	
NUCYNTA ER TB12	NP		<i>oxymorphone hcl TB12 30 MG</i>	NC	
NUCYNTA TABS	NP		<i>oxymorphone hcl TB12</i>	NP	
OLINVYK	NC		QDOLO SOLN (Use <i>tramadol hcl</i>)	NP	
OXAYDO TABS 7.5 MG	NC		<i>remifentanil hcl</i>	NC	
OXAYDO TABS 5 MG	NC	Opioid Smart PA; QL(6 ea daily)	ROXICODONE TABS 5 MG (Use <i>oxycodone hcl</i>)	NC	Opioid Smart PA; QL(6 ea daily)
<i>oxycodone hcl CAPS</i>	P	Opioid Smart PA; QL(6 ea daily)	ROXICODONE TABS 15 MG, 30 MG (Use <i>oxycodone hcl</i>)	NP	Opioid Smart PA; QL(6 ea daily)
<i>oxycodone hcl CONC 100 MG/5ML</i>	NC	Opioid Smart PA; QL(4 ml daily)	ROXYBOND TABA 15 MG, 30 MG	NC	
<i>oxycodone hcl CONC 100 MG/5ML</i>	P	Opioid Smart PA; QL(4 ml daily)	ROXYBOND TABA	NP	
<i>oxycodone hcl SOLN</i>	P	Opioid Smart PA	SUBSYS LIQD	NC	
<i>oxycodone hcl SOLN</i>	NC	Opioid Smart PA	SUFENTANIL CITRATE SOLN XX	NC	
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NC		SYNAPRYN FUSEPAQ SUSR	NC	
<i>oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG</i>	NP		<i>tramadol hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	
<i>oxycodone hcl TABS 5 MG, 10 MG, 20 MG</i>	P	Opioid Smart PA; QL(6 ea daily)	<i>tramadol hcl SOLN</i>	NP	
			<i>tramadol hcl TABS 50 MG</i>	P	Opioid Smart PA; QL(8 ea daily); AL(At least 18 yrs old)
			<i>tramadol hcl TABS 50 MG</i>	NC	Opioid Smart PA; QL(8 ea daily); AL(At least 18 yrs old)
			<i>tramadol hcl TABS 25 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tramadol hcl TB24 100 MG</i>	NC		<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-325 MG</i>	P	Opioid Smart PA; QL(4 ea daily); AL(At least 12 yrs old)
<i>tramadol hcl TB24</i>	P		<i>butalbital-acetaminophen-caffeine w/ codeine 30 MG-40 MG-50 MG-300 MG</i>	P	
<i>tramadol hcl TB24</i>	NP		<i>butalbital-aspirin-caffeine w/cod</i>	NP	Opioid Smart PA; QL(4 ea daily); AL(At least 12 yrs old)
TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	NP		<i>butalbital-aspirin-caffeine w/cod</i>	NC	Opioid Smart PA; QL(4 ea daily); AL(At least 12 yrs old)
ULTRAM TABS (Use tramadol hcl)	NC	Opioid Smart PA; QL(8 ea daily); AL(At least 18 yrs old)	<i>butalbital-aspirin-caffeine w/cod</i>	P	Opioid Smart PA; QL(4 ea daily); AL(At least 12 yrs old)
XTAMPZA ER	P		FENTANYL CITRATE/BUPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP 0.2 MG/100ML-0.9 %-0.1 %, 0.2 MG/100ML-0.9 %-0.125 %, 0.5 MG/100ML-0.9 %-0.04 %, 0.5 MG/100ML-0.9 %-0.075 %, 0.5 MG/250ML-0.9 %-0.063 %, 0.5 MG/250ML-0.9 %-0.1 %, 0.5 MG/250ML-0.9 %-0.125 %, 1 MG/250ML-0.9 %-0.125 %	NC	
Opioid Combinations			FENTANYL CITRATE/BUPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY	NC	
<i>acetaminophen w/ codeine SOLN</i>	P	Opioid Smart PA; QL(30 ml daily); AL(At least 12 yrs old)			
<i>acetaminophen w/ codeine SOLN</i>	NC	Opioid Smart PA; QL(30 ml daily); AL(At least 12 yrs old)			
<i>acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	Opioid Smart PA; QL(6 ea daily); AL(At least 12 yrs old)			
<i>acetaminophen w/ codeine TABS 60 MG-300 MG</i>	NC	Opioid Smart PA; QL(6 ea daily); AL(At least 12 yrs old)			
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NC				
<i>acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG</i>	NP				
APADAZ	NC				
BENZHYDROCODONE/A CETAMINOPHEN	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
FENTANYL CITRATE/ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP 0.2 MG/100ML-0.9 %-0.2 %, 0.3 MG/150ML-0.9 %-0.2 %, 0.4 MG/200ML-0.9 %-0.1 %, 0.4 MG/200ML-0.9 %-0.2 %, 0.5 MG/250ML-0.9 %-0.2 %	NC		hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	NC	Opioid Smart PA; QL(10 ea daily)
FENTANYL CITRATE/ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY 0.1 MG/50ML-0.9 %-0.1 %	NC		hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	NC	
FENTANYL/BUPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP	NC		hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	P	
FENTANYL/BUPIVACAINE/NACL SOLN EP 0.5 MG/250ML-0.9 %-0.063 %, 0.5 MG/250ML-0.9 %-0.125 %	NC		hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	P	
FENTANYL/ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP	NC		LORTAB ELIX	NC	
FENTANYL/ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP	NC		oxycodone w/ acetaminophen SOLN	NP	Opioid Smart PA
FENTANYL/ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP	NC		oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	NC	Opioid Smart PA; QL(6 ea daily)
FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine)	NP		oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	P	
hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	P	Opioid Smart PA; QL(180 ml daily)	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	NC	
hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	Opioid Smart PA; QL(10 ea daily)	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	P	Opioid Smart PA; QL(6 ea daily)
			PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen)	NP	
			PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	NP	Opioid Smart PA; QL(6 ea daily)
			SEGLENTIS	NP	
			SEGLENTIS	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tramadol-acetaminophen</i>	NC	Opioid Smart PA; QL(4 ea daily); AL(At least 18 yrs old)	<i>buprenorphine hcl SUBL</i>	P	
<i>tramadol-acetaminophen</i>	P	Opioid Smart PA; QL(4 ea daily); AL(At least 18 yrs old)	<i>buprenorphine PTWK</i>	NP	
ULTRACET (Use <i>tramadol-acetaminophen</i>)	NC	Opioid Smart PA; QL(4 ea daily); AL(At least 18 yrs old)	<i>butorphanol tartrate NA 10 MG/ML</i>	NP	
Opioid Partial Agonists			<i>butorphanol tartrate IJ 1 MG/ML, 2 MG/ML</i>	NC	
BELBUCA FILM	NP		BUTRANS PTWK (Use <i>buprenorphine</i>)	P	
BRIXADI SOSY 32 MG/0.64ML, 64 MG/0.18ML, 96 MG/0.27ML	NP		<i>nalbuphine hcl</i>	NC	
BUPRENEX SOLN (Use <i>buprenorphine hcl</i>)	NC		<i>pentazocine w/ naloxone hcl</i>	NP	
<i>buprenorphine hcl FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 750 MCG, 900 MCG</i>	NC		SUBLOCADE SOSY	P	SP
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	NP		SUBOXONE FILM SL (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	P	QL(12 ea daily); AL(At least 16 yrs old)	ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	P	QL(3 ea daily); AL(At least 16 yrs old)	Anabolic Steroids		
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 2 MG-8 MG</i>	NC	QL(3 ea daily); AL(At least 16 yrs old)	<i>oxandrolone</i>	NC	
<i>buprenorphine hcl-naloxone hcl dihydrate SUBL 0.5 MG-2 MG</i>	NC	QL(12 ea daily); AL(At least 16 yrs old)	Androgens		
<i>buprenorphine hcl SOLN</i>	NC		ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	NP	
<i>buprenorphine hcl SUBL</i>	NC		ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	NP	
			ANDROGEL PUMP GEL TD 1.62 % (Use <i>testosterone</i>)	NP	
			ANDROGEL PUMP GEL TD 1.62 % (Use <i>testosterone</i>)	NC	
			ANDROGEL GEL TD (Use <i>testosterone</i>)	NC	
			ANDROGEL GEL TD (Use <i>testosterone</i>)	NP	
			<i>danazol CAPS</i>	NC	
			EC-RX TESTOSTERONE 0.2% CREA	NC	
			EC-RX TESTOSTERONE 0.4% CREA	NC	

Drug Name	Drug Tier	Requirements/Limits
EC-RX TESTOSTERONE 10% CREA	NC	
EC-RX TESTOSTERONE 20% CREA	NC	
FORTESTA GEL TD (Use testosterone)	NP	
KYZATREX CAPS	NC	
METHITEST TABS	C	
<i>methyltestosterone CAPS</i>	NC	
NATESTO GEL NA	NP	
NATESTO GEL NA	NC	
TESTIM GEL TD (Use testosterone)	P	
TESTONE CIK KIT	NC	
<i>testosterone cypionate SOLN IM 100 MG/ML</i>	C	QL(0.2858 ml daily)
<i>testosterone cypionate SOLN IM 200 MG/ML</i>	C	QL(4 ml per 31 day(s) retail)
TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	NC	
<i>testosterone enanthate SOLN IM</i>	C	QL(0.1429 ml daily)
<i>testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 50 MG/5GM</i>	NC	
<i>testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM</i>	NP	
<i>testosterone GEL TD 1.62 %</i>	P	
<i>testosterone SOLN</i>	NP	
TLANDO CAPS	NC	
VOGELXO PUMP GEL TD (Use testosterone)	NP	
VOGELXO PUMP GEL TD (Use testosterone)	NP	
VOGELXO GEL TD (Use testosterone)	NC	

Drug Name	Drug Tier	Requirements/Limits
VOGELXO GEL TD (Use testosterone)	NP	
XYOSTED SOAJ	NC	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	NP	
CORTENEMA (Use hydrocortisone (intrarectal))	NC	
CORTIFOAM EX 10 %	NC	
<i>hydrocortisone (intrarectal)</i>	C	
UCERIS (Use budesonide (intrarectal))	NP	
Rectal Combinations		
ANALPRAM HC SINGLES CREA EX (Use hydrocortisone acetate w/ pramoxine)	NC	
ANALPRAM-HC LOTN EX	C	QL(62 ml per 31 day(s) retail)
<i>hydrocortisone acetate w/ pramoxine CREA EX</i>	NC	
HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE SUPP	NC	
LIDOCAINE HCL-HYDROCORTISONE ACETATE WITH ALOE GEL	NC	
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NC	
<i>lidocaine-hydrocortisone acetate (rectal) KIT</i>	NC	
<i>phenylephrine-shark liver oil-cocoa butter</i>	C	QL(12 ea per 31 day(s) retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum</i>	C	QL(60 gm per 31 day(s) retail)
PROCORT CREA EX	NC	

Drug Name	Drug Tier	Requirements/Limits
PROCTOFOAM HC FOAM EX	NC	
Rectal Products - Misc.		
BARRIGEL	NC	
Rectal Steroids		
ANUSOL-HC EX (Use hydrocortisone (rectal))	NC	
hydrocortisone (rectal) EX 1 %	C	1 package(s) per fill retail; RX/OTC
hydrocortisone (rectal) EX 2.5 %	C	
hydrocortisone acetate (rectal)	NC	
Vasodilating Agents		
nitroglycerin (intra-anal)	NC	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox- simethicone LIQD	C	QL(24 ml daily)
alum & mag hydrox- simethicone SUSP	C	QL(24 ml daily)
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	C	
Antacids - Bicarbonate		
sodium bicarbonate (antacid) TABS 325 MG, 650 MG	C	QL(3.34 ea daily)
Antacids - Calcium Salts		
calcium carbonate (antacid) CHEW 500 MG	C	
TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid))	NC	
TUMS CHEW (Use calcium carbonate (antacid))	NC	

Drug Name	Drug Tier	Requirements/Limits
Antacids - Magnesium Salts		
magnesium oxide TABS 400 MG	C	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	NC	
EGATEN	NC	
EMVERM CHEW	C	QL(1 ea per fill retail)
ivermectin	NC	
praziquantel	NC	
pyrantel pamoate SUSP 144 MG/ML	C	QL(60 ml per fill retail); 1 max fill(s) per 31 day(s) retail
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
ASPRUZYU SPRINKLE PACK	NP	
RANEXA TB12 (Use ranolazine)	NC	
ranolazine TB12	P	
Nitrates		
GONITRO PACK	NC	
ISORDIL TITRADOSE TABS (Use isosorbide dinitrate)	NC	
isosorbide dinitrate TABS 40 MG	NC	
isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	C	
isosorbide mononitrate TABS	C	QL(2 ea daily)
isosorbide mononitrate TB24	C	QL(1 ea daily)
NITRO-BID OINT	C	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NITRO-DUR PT24 (Use nitroglycerin)	NC		<i>alprazolam TBDP</i>	NC	
NITRO-DUR PT24	NC		ATIVAN TABS 1 MG (Use lorazepam)	NC	QL(4 ea daily)
<i>nitroglycerin in d5w</i>	NC		ATIVAN TABS 0.5 MG, 2 MG (Use lorazepam)	NC	QL(3 ea daily)
<i>nitroglycerin CPCR</i>	C		<i>chlordiazepoxide hcl CAPS</i>	C	QL(4 ea daily)
<i>nitroglycerin PT24</i>	C		<i>clorazepate dipotassium TABS</i>	C	QL(3 ea daily)
<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NC		<i>diazepam CONC</i>	NC	
NITROGLYCERIN SOLN IV	NC		DIAZEPAM SOAJ	NC	
<i>nitroglycerin SUBL</i>	C		<i>diazepam SOLN OR 5 MG/5ML</i>	C	
NITROMIST AERS	NC		<i>diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML</i>	NC	
NITROSTAT SUBL (Use nitroglycerin)	NC		DIAZEPAM SOLN IJ 5 MG/ML	NC	
ANTI-ANXIETY AGENTS - Drugs to Treat Anxiety					
Antianxiety Agents - Misc.					
<i>buspirone hcl 5 MG, 10 MG</i>	C	QL(6 ea daily)	<i>diazepam TABS</i>	C	QL(4 ea daily)
<i>buspirone hcl 15 MG</i>	C	QL(4 ea daily)	<i>lorazepam CONC</i>	NC	
<i>buspirone hcl 7.5 MG, 30 MG</i>	C	QL(3 ea daily)	<i>lorazepam SOLN</i>	NC	
DROPERIDOL/SODIUM CHLORIDE SOSY	NC		<i>lorazepam TABS 0.5 MG, 2 MG</i>	C	QL(3 ea daily)
<i>droperidol SOLN 2.5 MG/ML</i>	NC		<i>lorazepam TABS 1 MG</i>	C	QL(4 ea daily)
<i>hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML</i>	NC		LOREEV XR CS24	NC	
<i>hydroxyzine hcl SYRP</i>	C		<i>oxazepam CAPS</i>	C	QL(4 ea daily)
<i>hydroxyzine hcl TABS</i>	C		TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium)	NC	QL(3 ea daily)
<i>hydroxyzine pamoate CAPS</i>	C		VALIUM TABS (Use diazepam)	NC	QL(4 ea daily)
<i>meprobamate</i>	C		XANAX TABS (Use alprazolam)	NC	QL(3 ea daily)
VISTARIL CAPS (Use hydroxyzine pamoate)	NC		ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Benzodiazepines					
ALPRAZOLAM INTENSOL CONC	NC		Antiarrhythmics - Misc.		
<i>alprazolam TABS</i>	C	QL(3 ea daily)	<i>adenosine SOLN 6 MG/2ML, 12 MG/4ML</i>	NC	
<i>alprazolam TB24</i>	NC		Antiarrhythmics Type I-A		

Drug Name	Drug Tier	Requirements/Limits
<i>disopyramide phosphate CAPS</i>	C	
NORPACE CR CP12 150 MG	C	
NORPACE CR CP12 100 MG	NC	
NORPACE CAPS (<i>Use disopyramide phosphate</i>)	NC	
<i>procainamide hcl SOLN</i>	NC	
<i>quinidine gluconate TBCR</i>	C	
<i>quinidine sulfate TABS</i>	C	
Antiarrhythmics Type I-B		
<i>lidocaine hcl (cardiac) SOSY</i>	NC	
LIDOCAINE HCL SOLN	NC	
LIDOCAINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY	NC	
<i>lidocaine in d5w 5 %-4 MG/ML, 5 %-8 MG/ML</i>	NC	
<i>mexiletine hcl</i>	C	
Antiarrhythmics Type I-C		
<i>flecainide acetate</i>	C	
<i>propafenone hcl CP12</i>	C	
<i>propafenone hcl TABS</i>	C	
RYTHMOL SR CP12 (<i>Use propafenone hcl</i>)	NC	
Antiarrhythmics Type III		
<i>amiodarone hcl SOLN 50 MG/ML, 450 MG/9ML, 900 MG/18ML</i>	NC	
<i>amiodarone hcl TABS 200 MG</i>	C	
<i>amiodarone hcl TABS 100 MG, 400 MG</i>	NC	
AMIODARONE HYDROCHLORIDE/DEXTROROTATORY 5 %-450 MG/250ML, 5 %-900 MG/500ML	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>dofetilide</i>	C	
<i>ibutilide fumarate</i>	NC	
MULTAQ	NC	
NEXTERONE	NC	
TIKOSYN (<i>Use dofetilide</i>)	NC	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
FASENRA PEN SOAJ	NC	SP
FASENRA SOSY 30 MG/ML	NC	SP
XOLAIR SOLR	NC	SP
XOLAIR SOSY	NC	SP
Anti-Inflammatory Agents		
<i>cromolyn sodium NEBU</i>	C	QL(8 ml daily)
Bronchodilators - Anticholinergics		
ATROVENT HFA	P	1 package(s) per 31 day(s) retail
INCRUSE ELLIPTA	P	1 package(s) per 31 day(s) retail
<i>ipratropium bromide SOLN 0.02 %</i>	NP	
<i>ipratropium bromide SOLN 0.02 %</i>	NC	
LONHALA MAGNAIR REFILL KIT SOLN	NC	
LONHALA MAGNAIR STARTER KIT SOLN	NC	
SPIRIVA HANDHALER CAPS (<i>Use tiotropium bromide monohydrate</i>)	P	
SPIRIVA RESPIMAT AERS	NP	
SPIRIVA RESPIMAT AERS	NP	
<i>tiotropium bromide monohydrate CAPS</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tiotropium bromide monohydrate CAPS</i>	NP		DALIRESP (<i>Use roflumilast</i>)	NP	
TUDORZA PRESSAIR	NP		DALIRESP (<i>Use roflumilast</i>)	NP	QL(1 ea daily)
TUDORZA PRESSAIR	NC		<i>roflumilast</i>	NP	
TUDORZA PRESSAIR	NP	1 package(s) per 31 day(s) retail	<i>roflumilast 500 MCG</i>	NC	
YUPELRI	NP		Steroid Inhalants		
YUPELRI	NP		ALVESCO	P	
Leukotriene Modulators			ARMONAIR DIGIHALER	NP	
ACCOLATE (<i>Use zafirlukast</i>)	NP		ARNUITY ELLIPTA	P	QL(1 ea daily)
ACCOLATE (<i>Use zafirlukast</i>)	NP		ASMANEX HFA AERO	P	QL(0.44 gm daily)
<i>montelukast sodium CHEW</i>	NC	QL(1 ea daily)	ASMANEX TWISTHALER 120 METERED DOSES AEPB	P	
<i>montelukast sodium CHEW</i>	P	QL(1 ea daily)	ASMANEX TWISTHALER 14 METERED DOSES AEPB	P	
<i>montelukast sodium PACK</i>	NC	QL(1 ea daily)	ASMANEX TWISTHALER 30 METERED DOSES AEPB	P	
<i>montelukast sodium PACK</i>	P	QL(1 ea daily)	ASMANEX TWISTHALER 60 METERED DOSES AEPB	P	
<i>montelukast sodium TABS</i>	NC	QL(1 ea daily)	<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	P	QL(60 ml per 31 day(s) retail); AL(Up to 8 yrs old)
<i>montelukast sodium TABS</i>	P	QL(1 ea daily)	<i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>	NC	QL(120 ml per fill retail); AL(Up to 8 yrs old)
SINGULAIR CHEW (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)	<i>budesonide (inhalation) SUSP 1 MG/2ML</i>	NC	QL(60 ml per 31 day(s) retail); AL(Up to 8 yrs old)
SINGULAIR PACK (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)	<i>budesonide (inhalation) SUSP 0.25 MG/2ML, 0.5 MG/2ML</i>	P	QL(120 ml per fill retail); AL(Up to 8 yrs old)
SINGULAIR TABS (<i>Use montelukast sodium</i>)	NP	QL(1 ea daily)	FLOVENT DISKUS AEPB (<i>Use fluticasone propionate (inhalation)</i>)	NP	
<i>zafirlukast</i>	P				
<i>zafirlukast</i>	P				
<i>zafirlukast 20 MG</i>	NC				
<i>zileuton TB12</i>	NP				
<i>zileuton TB12</i>	NC				
ZYFLO TABS	NP				
Selective Phosphodiesterase 4 (PDE4) Inhibitors					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate (inhalation) AEPB</i>	NP		AIRDUO RESPICLICK 232/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	
<i>fluticasone propionate (inhalation) AEPB</i>	NP		AIRDUO RESPICLICK 55/14 AEPB	NC	
<i>fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT</i>	P	QL(12 gm per 25 day(s) retail)	AIRDUO RESPICLICK 55/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP	
<i>fluticasone propionate hfa 44 MCG/ACT</i>	P	QL(11 gm per 25 day(s) retail)	AIRSUPRA	NP	
PULMICORT FLEXHALER AEPB	NP		AIRSUPRA	NP	
PULMICORT FLEXHALER AEPB	NP	1 package(s) per fill retail	<i>albuterol sulfate AERS</i>	P	QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)
PULMICORT FLEXHALER AEPB	NP		<i>albuterol sulfate AERS</i>	NP	QL(18 gm per fill retail; 36 gm per 30 day(s) retail)
PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (<i>Use budesonide (inhalation)</i>)	NP	QL(120 ml per fill retail); AL(Up to 8 yrs old)	<i>albuterol sulfate AERS</i>	NC	QL(6.7 gm per fill retail; 13.4 gm per 30 day(s) retail)
PULMICORT SUSP 1 MG/2ML (<i>Use budesonide (inhalation)</i>)	NP	QL(60 ml per 31 day(s) retail); AL(Up to 8 yrs old)	<i>albuterol sulfate AERS</i>	NP	QL(8.5 gm per fill retail; 17 gm per 30 day(s) retail)
QVAR REDHALER 40 MCG/ACT	P	QL(0.36 gm daily)	<i>albuterol sulfate NEBU 2.5 MG/0.5ML</i>	P	
QVAR REDHALER 80 MCG/ACT	P	QL(0.72 gm daily)	<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	P	QL(375 ml per 31 day(s) retail)
Sympathomimetics			<i>albuterol sulfate NEBU 0.5 %</i>	NC	
ADVAIR DISKUS AEPB (<i>Use fluticasone-salmeterol</i>)	P		<i>albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML</i>	NC	QL(375 ml per 31 day(s) retail)
ADVAIR HFA AERO (<i>Use fluticasone-salmeterol</i>)	P		<i>albuterol sulfate NEBU 0.083 %</i>	P	QL(12.5 ml daily)
AIRDUO DIGIHALER 113/14	NP		ALBUTEROL SULFATE NEBU	NC	
AIRDUO DIGIHALER 232/14	NP		<i>albuterol sulfate SYRP</i>	P	
AIRDUO DIGIHALER 55/14	NP		<i>albuterol sulfate SYRP</i>	NC	
AIRDUO RESPICLICK 113/14 AEPB (<i>Use fluticasone-salmeterol</i>)	NP		<i>albuterol sulfate TABS</i>	NC	
			<i>albuterol sulfate TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits
ANORO ELLIPTA	P	
ANORO ELLIPTA	NC	
<i>arformoterol tartrate</i>	NP	
<i>arformoterol tartrate</i>	P	
<i>arformoterol tartrate</i>	NC	
BEVESPI AEROSPHERE	NP	
BREO ELLIPTA	NP	
BREO ELLIPTA (<i>Use fluticasone furoate-vilanterol</i>)	NP	
BREO ELLIPTA 100 MCG/ACT-25 MCG/ACT	NC	
BREO ELLIPTA	NP	
BREZTRI AEROSPHERE	NP	
BREZTRI AEROSPHERE	NP	
BROVANA (<i>Use arformoterol tartrate</i>)	NP	
BROVANA (<i>Use arformoterol tartrate</i>)	NP	
<i>budesonide-formoterol fumarate dihydrate</i>	NP	QL(11 gm per fill retail)
<i>budesonide-formoterol fumarate dihydrate</i>	NP	
COMBIVENT RESPIMAT AERS	P	QL(4 gm per 31 day(s) retail)
DULERA	P	
<i>fluticasone furoate-vilanterol</i>	NP	
<i>fluticasone-salmeterol AEPB</i>	NP	
<i>formoterol fumarate NEBU</i>	NP	
<i>formoterol fumarate NEBU</i>	NC	
<i>ipratropium-albuterol SOLN</i>	NP	
<i>isoproterenol hcl</i>	NC	
ISOPROTERENOL HYDROCHLORIDE/SODIUM CHLORIDE	NC	
<i>levalbuterol hcl</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>levalbuterol hcl</i>	NP	
<i>levalbuterol tartrate</i>	NP	QL(0.5 gm daily; 30 gm per 30 day(s) retail)
PERFOROMIST NEBU (<i>Use formoterol fumarate</i>)	NP	
PROAIR DIGIHALER	NP	
PROAIR RESPICLIK AEPB	P	
SEREVENT DISKUS	P	1 package(s) per fill retail
STIOLTO RESPIMAT	P	
STRIVERDI RESPIMAT	NP	
<i>terbutaline sulfate SOLN</i>	NC	
<i>terbutaline sulfate TABS</i>	NC	
<i>terbutaline sulfate TABS</i>	NP	
TRELEGY ELLIPTA	NP	
TRELEGY ELLIPTA	NP	
TRELEGY ELLIPTA 100 MCG/ACT-25 MCG/ACT-62.5 MCG/ACT	NC	
XOPENEX (<i>Use levalbuterol hcl</i>)	NC	
XOPENEX CONCENTRATE (<i>Use levalbuterol hcl</i>)	NC	
XOPENEX HFA (<i>Use levalbuterol tartrate</i>)	NP	
Xanthines		
<i>aminophylline SOLN</i>	NC	
THEO-24 CP24	C	
<i>theophylline ELIX</i>	C	
<i>theophylline SOLN</i>	C	QL(475 ml per fill retail)
<i>theophylline TB12</i>	C	
<i>theophylline TB24</i>	C	
ANTICOAGULANTS - Blood Thinners		
Anticoagulants - Misc.		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ANTICOAGULANT SODIUM CITRATE VI	NC		HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML	NC	
SODIUM CITRATE LOCK FLUSH SOSY	NC		HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML, 0.9 %-2500 UNIT/500ML, 0.9 %-30000 UNIT/L, 0.9 %-4000 UNIT/L, 0.9 %-500 UNIT/500ML, 0.9 %-5000 UNIT/500ML	NC	
Coumarin Anticoagulants			HEPARIN SODIUM/SODIUM CHLORIDE SOSY 0.9 %-20 UNIT/20ML, 0.9 %-50 UNIT/50ML	NC	
<i>warfarin sodium TABS</i>	NC		HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	C	
<i>warfarin sodium TABS</i>	P		HEPARIN/SODIUM CHLORIDE SOLN IV	NC	
Direct Factor Xa Inhibitors			HEPMED	NC	
ELIQUIS STARTER PACK TBPK	P	QL(2.47 ea daily)	LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	
ELIQUIS TABS	P	QL(2 ea daily)	LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(126 ml per 180 day(s) retail); SP
SAVAYSA	NP		LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(33.6 ml per 180 day(s) retail); SP
XARELTO STARTER PACK TBPK	P		LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NP	Max 42 syringes in 180 days; QL(42 ml per 180 day(s) retail); SP
XARELTO SUSR	P				
XARELTO TABS	P				
Heparins And Heparinoid-Like Agents					
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P				
<i>enoxaparin sodium SOSY</i>	P				
<i>enoxaparin sodium SOSY</i>	NC				
FRAGMIN SOLN 10000 UNIT/4ML	NP				
FRAGMIN SOSY	NP				
<i>heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L</i>	NC				
<i>heparin sodium (porcine) lock flush</i>	NC				
<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	C				
HEPARIN SODIUM/D5W	NC				
HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	NP	Max 42 syringes in 180 days; QL(25.2 ml per 180 day(s) retail); SP	<i>dabigatran etexilate mesylate CAPS</i>	NP	
LOVENOX SOSY 80 MG/0.8ML (Use enoxaparin sodium)	NC		<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	NC	
LOVENOX SOSY (Use enoxaparin sodium)	NP		<i>dabigatran etexilate mesylate CAPS</i>	NP	
LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	NP	Max 42 syringes in 180 days; QL(16.8 ml per 180 day(s) retail); SP	<i>dabigatran etexilate mesylate CAPS 75 MG, 150 MG</i>	NC	
LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	NP	Max 42 syringes in 180 days; QL(12.6 ml per 180 day(s) retail); SP	PRADAXA CAPS (Use <i>dabigatran etexilate mesylate</i>)	P	
In Vitro/Lock Anticoagulants			PRADAXA CAPS 75 MG	NC	
ACD FORMULA A	NC		PRADAXA CAPS	P	
ACD-A NOCLOT-50	NC		ANTICONVULSANTS - Drugs to Treat Seizures		
ANTICOAGULANT SODIUM CITRATE SOLN	NC		AMPA Glutamate Receptor Antagonists		
DEFENCATH	NC		FYCOMPA SUSP	P	
SODIUM CITRATE/GENTAMICIN	NC		FYCOMPA TABS	P	
TRICITRASOL CONC	NC		Anticonvulsants - Benzodiazepines		
Thrombin Inhibitors			<i>clobazam SUSP</i>	PA	PA
<i>argatroban</i>	NC		<i>clobazam SUSP</i>	NC	
ARGATROBAN	NC		<i>clobazam TABS</i>	NC	
ARGATROBAN/SODIUM CHLORIDE	NC		<i>clobazam TABS</i>	PA	PA
BIVALIRUDIN RTU SOLN (Use <i>bivalirudin trifluoroacetate</i>)	NC		<i>clonazepam TABS</i>	C	QL(4 ea daily)
<i>bivalirudin trifluoroacetate SOLN</i>	NC		<i>clonazepam TBDP</i>	NC	
			DIASTAT ACUDIAL GEL (Use <i>diazepam (anticonvulsant)</i>)	NC	QL(1 ea per fill retail); AL(At least 2 yrs old)
			DIASTAT PEDIATRIC GEL (Use <i>diazepam (anticonvulsant)</i>)	NC	QL(1 ea per fill retail); AL(At least 2 yrs old)
			<i>diazepam (anticonvulsant) GEL</i>	C	QL(1 ea per fill retail); AL(At least 2 yrs old)
			KLONOPIN TABS (Use <i>clonazepam</i>)	NC	QL(4 ea daily)
			NAYZILAM	P	QL(10 ea per 30 day(s) retail)
			ONFI SUSP (Use <i>clobazam</i>)	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONFI TABS (<i>Use clobazam</i>)	NP		EPIDIOLEX	NP	
SYMPAZAN FILM	NP		EPRONTIA SOLN	NP	
SYMPAZAN FILM	NP		EPRONTIA SOLN	NP	
VALTOCO 10 MG DOSE LIQD	P	QL(10 ea per 30 day(s) retail)	FANATREX FUSEPAQ SUSP	NC	
VALTOCO 15 MG DOSE LQPK	P	QL(10 ea per 30 day(s) retail)	FINTEPLA	NP	
VALTOCO 20 MG DOSE LQPK	P	QL(10 ea per 30 day(s) retail)	GABAPENTIN TINYTABS TABS	NC	
VALTOCO 5 MG DOSE LIQD	P	QL(10 ea per 30 day(s) retail)	<i>gabapentin CAPS</i>	NC	
Anticonvulsants - Misc.			<i>gabapentin CAPS</i>	P	
APTIOM	NP		<i>gabapentin SOLN 250 MG/5ML</i>	NC	
BANZEL SUSP (<i>Use rufinamide</i>)	PA	PA	<i>gabapentin SOLN</i>	P	
BANZEL TABS (<i>Use rufinamide</i>)	PA	PA	<i>gabapentin TABS 600 MG, 800 MG</i>	P	
BRIVIACT SOLN OR 10 MG/ML	NP		<i>gabapentin TABS 600 MG, 800 MG</i>	NC	
BRIVIACT TABS	NP		KEPPRA XR TB24 (<i>Use levetiracetam</i>)	NP	
BRIVIACT TABS	NP		KEPPRA SOLN OR 100 MG/ML (<i>Use levetiracetam</i>)	NP	QL(16 ml daily)
<i>carbamazepine CHEW</i>	P		KEPPRA TABS 1000 MG (<i>Use levetiracetam</i>)	NP	
<i>carbamazepine CP12</i>	NP		KEPPRA TABS 250 MG, 750 MG (<i>Use levetiracetam</i>)	NP	QL(4 ea daily)
<i>carbamazepine CP12</i>	NP		KEPPRA TABS 500 MG (<i>Use levetiracetam</i>)	NP	QL(6 ea daily)
<i>carbamazepine CP12 200 MG, 300 MG</i>	NC		<i>lacosamide SOLN IV 200 MG/20ML</i>	NC	
<i>carbamazepine SUSP</i>	NP		<i>lacosamide SOLN OR 10 MG/ML</i>	NC	
<i>carbamazepine TABS</i>	P		<i>lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML</i>	NP	
<i>carbamazepine TB12</i>	NP		<i>lacosamide TABS</i>	NP	
CARBATROL CP12 (<i>Use carbamazepine</i>)	P		<i>lacosamide TABS</i>	NC	
DIACOMIT CAPS 250 MG	NP	QL(12 ea daily); SP	LAMICTAL CHEWABLE DISPERSIBLE CHEW (<i>Use lamotrigine</i>)	NP	
DIACOMIT CAPS 500 MG	NP	QL(6 ea daily); SP			
DIACOMIT PACK 250 MG	NP	QL(12 ea daily); SP			
DIACOMIT PACK 500 MG	NP	QL(6 ea daily); SP			
ELEPSIA XR TB24	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LAMICTAL ODT KIT (<i>Use lamotrigine</i>)	NP		<i>levetiracetam TABS 500 MG</i>	P	QL(6 ea daily)
LAMICTAL ODT KIT	NP		<i>levetiracetam TABS 1000 MG</i>	P	
LAMICTAL ODT TBDP (<i>Use lamotrigine</i>)	NP		<i>levetiracetam TABS 250 MG, 750 MG</i>	NC	QL(4 ea daily)
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (<i>Use lamotrigine</i>)	NP		<i>levetiracetam TABS 500 MG</i>	NC	QL(6 ea daily)
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (<i>Use lamotrigine</i>)	NP		<i>levetiracetam TABS 1000 MG</i>	NC	
LAMICTAL STARTER/TAKING VALPROATE KIT (<i>Use lamotrigine</i>)	NP		<i>levetiracetam TB24</i>	NC	
LAMICTAL XR KIT	NP		<i>levetiracetam TB24</i>	P	
LAMICTAL XR TB24 (<i>Use lamotrigine</i>)	NP	QL(1 ea daily)	LYRICA CAPS (<i>Use pregabalin</i>)	NP	
LAMICTAL TABS (<i>Use lamotrigine</i>)	NP		LYRICA CAPS (<i>Use pregabalin</i>)	NP	
<i>lamotrigine CHEW</i>	NC		LYRICA SOLN (<i>Use pregabalin</i>)	NP	
<i>lamotrigine CHEW</i>	P		MOTPOLY XR CP24	NP	
<i>lamotrigine KIT 25 MG</i>	NP		MYSOLINE (<i>Use primidone</i>)	NP	
<i>lamotrigine TABS</i>	P		NEURONTIN CAPS (<i>Use gabapentin</i>)	NP	QL(9 ea daily)
<i>lamotrigine TABS</i>	NC		NEURONTIN SOLN (<i>Use gabapentin</i>)	NC	
<i>lamotrigine TB24</i>	P		NEURONTIN SOLN (<i>Use gabapentin</i>)	NP	
<i>lamotrigine TB24 100 MG, 200 MG</i>	NC		NEURONTIN TABS 600 MG (<i>Use gabapentin</i>)	NP	QL(6 ea daily)
<i>lamotrigine TBDP</i>	P		NEURONTIN TABS 800 MG (<i>Use gabapentin</i>)	NP	QL(4 ea daily)
<i>levetiracetam in sodium chloride</i>	NC		<i>oxcarbazepine SUSP</i>	NP	
LEVETIRACETAM/SODIUM CHLORIDE	NC		<i>oxcarbazepine SUSP</i>	NC	
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	P	QL(16 ml daily)	<i>oxcarbazepine TABS</i>	P	
<i>levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML</i>	NC	QL(16 ml daily)	OXTELLAR XR TB24	NP	
<i>levetiracetam TABS 250 MG, 750 MG</i>	P	QL(4 ea daily)	<i>pregabalin CAPS</i>	P	
			<i>pregabalin SOLN</i>	NP	
			<i>primidone</i>	P	
			<i>primidone 50 MG, 250 MG</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUDEXY XR CS24 (Use topiramate)	NP		TRILEPTAL TABS (Use oxcarbazepine)	NP	
rufinamide SUSP	NP		TROKENDI XR CP24 (Use topiramate)	NP	
rufinamide TABS	NP		VIMPAT SOLN OR 10 MG/ML (Use lacosamide)	PA	PA
SPRITAM TB3D	NP		VIMPAT TABS (Use lacosamide)	P	
SPRITAM TB3D	NP		ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	NC	
TEGRETOL SUSP (Use carbamazepine)	NP		ZONISADE SUSP	NP	
TEGRETOL TABS (Use carbamazepine)	NP		zonisamide CAPS	P	
TEGRETOL-XR TB12 (Use carbamazepine)	P		ZTALMY	NC	
TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	NP	QL(8 ea daily)	ZTALMY	NP	
TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	NP	QL(6 ea daily)	Carbamates		
TOPAMAX TABS 100 MG (Use topiramate)	NP	QL(4 ea daily)	felbamate SUSP	NC	
TOPAMAX TABS 200 MG (Use topiramate)	NP	QL(2 ea daily)	felbamate SUSP	P	
TOPAMAX TABS 25 MG, 50 MG (Use topiramate)	NP	QL(6 ea daily)	felbamate TABS	NC	
topiramate CP24	NP		felbamate TABS	P	
topiramate CPSP 15 MG	P	QL(6 ea daily)	FELBATOL SUSP (Use felbamate)	NP	
topiramate CPSP 15 MG	NC	QL(6 ea daily)	FELBATOL SUSP (Use felbamate)	NP	
topiramate CPSP 25 MG	NC	QL(8 ea daily)	FELBATOL TABS (Use felbamate)	NP	
topiramate CPSP 25 MG	P	QL(8 ea daily)	XCOPRI TABS 50 MG, 100 MG, 150 MG, 200 MG	NP	
topiramate CS24	NP		XCOPRI TBPK	NP	
topiramate TABS 25 MG, 50 MG	NC	QL(6 ea daily)	GABA Modulators		
topiramate TABS 25 MG, 50 MG	P	QL(6 ea daily)	GABITRIL (Use tiagabine hcl)	PA	PA
topiramate TABS 100 MG, 200 MG	P		SABRIL PACK (Use vigabatrin)	PA	PA
TRILEPTAL SUSP (Use oxcarbazepine)	P		SABRIL TABS (Use vigabatrin)	PA	PA
TRILEPTAL TABS (Use oxcarbazepine)	NC		tiagabine hcl	NP	
			vigabatrin PACK	NC	
			vigabatrin PACK	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>vigabatrin PACK</i>	PA	PA	<i>methsuximide</i>	NP	
<i>vigabatrin TABS</i>	NC		ZARONTIN CAPS (<i>Use ethosuximide</i>)	NP	
<i>vigabatrin TABS</i>	NP		ZARONTIN SOLN (<i>Use ethosuximide</i>)	NP	
Hydantoins			Valproic Acid		
DILANTIN (<i>Use phenytoin sodium extended</i>)	NP		DEPAKOTE ER TB24 500 MG (<i>Use divalproex sodium</i>)	NP	QL(7 ea daily)
DILANTIN (<i>Use phenytoin sodium extended</i>)	NP		DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	NP	QL(3 ea daily)
DILANTIN	NP		DEPAKOTE ER TB24 250 MG (<i>Use divalproex sodium</i>)	NC	QL(3 ea daily)
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	NP		DEPAKOTE ER TB24 500 MG (<i>Use divalproex sodium</i>)	NP	
DILANTIN INFATABS CHEW (<i>Use phenytoin</i>)	NP		DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NP	QL(8 ea daily)
DILANTIN-125 SUSP (<i>Use phenytoin</i>)	NP		DEPAKOTE TBEC 500 MG (<i>Use divalproex sodium</i>)	NP	QL(7 ea daily)
<i>fosphenytoin sodium</i>	NC		DEPAKOTE TBEC 250 MG (<i>Use divalproex sodium</i>)	NP	QL(3 ea daily)
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP		DEPAKOTE TBEC 125 MG (<i>Use divalproex sodium</i>)	NP	QL(2 ea daily)
<i>phenytoin sodium extended 100 MG, 200 MG, 300 MG</i>	P		DEPAKOTE TBEC 250 MG (<i>Use divalproex sodium</i>)	NP	
<i>phenytoin sodium extended 100 MG</i>	NC		<i>divalproex sodium CSDR</i>	P	
<i>phenytoin sodium extended 200 MG, 300 MG</i>	NP		<i>divalproex sodium TB24 250 MG</i>	NC	QL(3 ea daily)
<i>phenytoin sodium SOLN</i>	NC		<i>divalproex sodium TB24 500 MG</i>	NC	
<i>phenytoin CHEW</i>	NC		<i>divalproex sodium TB24 500 MG</i>	P	
<i>phenytoin CHEW</i>	P		<i>divalproex sodium TB24 250 MG</i>	P	QL(3 ea daily)
<i>phenytoin SUSP</i>	P		Succinimides		
Succinimides			CELONTIN (<i>Use methsuximide</i>)	P	
CELONTIN (<i>Use methsuximide</i>)	P		<i>ethosuximide CAPS</i>	P	
<i>ethosuximide CAPS</i>	NC		<i>ethosuximide CAPS</i>	NC	
<i>ethosuximide SOLN</i>	NC		<i>ethosuximide SOLN</i>	NC	
<i>ethosuximide SOLN</i>	P		<i>ethosuximide SOLN</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>divalproex sodium TBEC 250 MG</i>	P	
<i>divalproex sodium TBEC 125 MG</i>	P	QL(2 ea daily)
<i>divalproex sodium TBEC 125 MG</i>	NC	QL(2 ea daily)
<i>divalproex sodium TBEC 500 MG</i>	NC	QL(7 ea daily)
<i>divalproex sodium TBEC 500 MG</i>	P	QL(7 ea daily)
<i>divalproex sodium TBEC 250 MG</i>	NC	
<i>valproate sodium SOLN OR 250 MG/5ML</i>	NC	
<i>valproate sodium SOLN OR 250 MG/5ML</i>	P	
<i>valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML</i>	NC	
<i>valproic acid CAPS</i>	P	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS 30 MG</i>	P	QL(1.5 ea daily)
<i>mirtazapine TABS 15 MG</i>	NC	QL(3 ea daily)
<i>mirtazapine TABS 15 MG</i>	P	QL(3 ea daily)
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	NC	QL(1 ea daily)
<i>mirtazapine TABS 7.5 MG, 45 MG</i>	P	QL(1 ea daily)
<i>mirtazapine TABS 30 MG</i>	NC	QL(1.5 ea daily)
<i>mirtazapine TBDP 15 MG</i>	P	QL(3 ea daily)
<i>mirtazapine TBDP 45 MG</i>	P	QL(1 ea daily)
<i>mirtazapine TBDP 30 MG</i>	P	QL(1.5 ea daily)
REMERON SOLTAB TBDP 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 ea daily)
REMERON SOLTAB TBDP 45 MG (<i>Use mirtazapine</i>)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
REMERON SOLTAB TBDP 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 ea daily)
REMERON TABS 30 MG (<i>Use mirtazapine</i>)	NP	QL(1.5 ea daily)
REMERON TABS 15 MG (<i>Use mirtazapine</i>)	NP	QL(3 ea daily)
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
APLENZIN	NP	
APLENZIN	NP	
<i>bupropion hcl TABS</i>	NC	QL(3 ea daily)
<i>bupropion hcl TABS</i>	P	QL(3 ea daily)
<i>bupropion hcl TB12 100 MG, 150 MG</i>	NC	
<i>bupropion hcl TB12 200 MG</i>	NC	QL(2 ea daily)
<i>bupropion hcl TB12 200 MG</i>	P	QL(2 ea daily)
<i>bupropion hcl TB12 100 MG, 150 MG</i>	P	
<i>bupropion hcl TB24 300 MG</i>	P	
<i>bupropion hcl TB24 300 MG</i>	NC	
<i>bupropion hcl TB24 150 MG</i>	NC	QL(3 ea daily)
<i>bupropion hcl TB24 450 MG</i>	NP	
<i>bupropion hcl TB24 150 MG</i>	P	QL(3 ea daily)
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NP	
WELLBUTRIN SR TB12 150 MG (<i>Use bupropion hcl</i>)	NP	QL(3 ea daily)
WELLBUTRIN SR TB12 100 MG (<i>Use bupropion hcl</i>)	NP	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TB12 200 MG (Use bupropion hcl)	NP	QL(2 ea daily)	<i>citalopram hydrobromide</i> TABS 40 MG	NC	QL(1 ea daily); AL(At least 7 yrs old)
WELLBUTRIN XL TB24 150 MG (Use bupropion hcl)	NP	QL(3 ea daily)	<i>citalopram hydrobromide</i> TABS 40 MG	P	QL(1 ea daily); AL(At least 7 yrs old)
WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)	NP	QL(1 ea daily)	<i>citalopram hydrobromide</i> TABS 20 MG	NC	QL(2 ea daily); AL(At least 7 yrs old)
WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)	NP		<i>citalopram hydrobromide</i> TABS 20 MG	P	QL(2 ea daily); AL(At least 7 yrs old)
Monoamine Oxidase Inhibitors (MAOIs)			<i>citalopram hydrobromide</i> TABS 10 MG	P	QL(4 ea daily)
EMSAM	NP		<i>citalopram hydrobromide</i> TABS 10 MG	NC	QL(4 ea daily)
EMSAM	NP		<i>escitalopram oxalate</i> SOLN	NP	
MARPLAN	NP		<i>escitalopram oxalate</i> SOLN	NC	
MARPLAN	NC		<i>escitalopram oxalate</i> TABS 5 MG	P	QL(4 ea daily)
NARDIL (Use phenelzine sulfate)	NP		<i>escitalopram oxalate</i> TABS 20 MG	P	QL(1 ea daily); AL(At least 7 yrs old)
PARNATE (Use tranylcypromine sulfate)	NC		<i>escitalopram oxalate</i> TABS 10 MG	P	QL(2 ea daily); AL(At least 7 yrs old)
<i>phenelzine sulfate</i>	P		<i>escitalopram oxalate</i> TABS 10 MG	NC	QL(2 ea daily); AL(At least 7 yrs old)
<i>tranylcypromine sulfate</i>	NP		<i>escitalopram oxalate</i> TABS 10 MG	NC	QL(1 ea daily); AL(At least 7 yrs old)
<i>tranylcypromine sulfate</i>	NC		<i>fluoxetine hcl</i> CAPS 10 MG, 20 MG	P	
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>fluoxetine hcl</i> CAPS 10 MG, 20 MG	NC	
CELEXA TABS 10 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(4 ea daily)	<i>fluoxetine hcl</i> CAPS 40 MG	NC	QL(2 ea daily); AL(At least 7 yrs old)
CELEXA TABS 20 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(2 ea daily); AL(At least 7 yrs old)	<i>fluoxetine hcl</i> CAPS 40 MG	P	QL(2 ea daily); AL(At least 7 yrs old)
CELEXA TABS 40 MG (Use <i>citalopram hydrobromide</i>)	NP	QL(1 ea daily); AL(At least 7 yrs old)	<i>fluoxetine hcl</i> CPDR	NP	
CITALOPRAM HYDROBROMIDE CAPS	NP		<i>fluoxetine hcl</i> SOLN	P	QL(120 ml per fill retail)
<i>citalopram hydrobromide</i> SOLN	NC				
<i>citalopram hydrobromide</i> SOLN	P				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>fluoxetine hcl TABS 60 MG</i>	NC		<i>paroxetine hcl TABS 10 MG</i>	P	QL(6 ea daily)
<i>fluoxetine hcl TABS 20 MG</i>	P	QL(4 ea daily)	<i>paroxetine hcl TABS 20 MG</i>	P	QL(3 ea daily)
<i>fluoxetine hcl TABS 60 MG</i>	NP		<i>paroxetine hcl TB24</i>	NP	QL(1 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl TABS 10 MG</i>	P	QL(1 ea daily); AL(At least 7 yrs old)	<i>paroxetine hcl TB24</i>	NC	QL(1 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl TABS 20 MG</i>	NC	QL(4 ea daily)	PAXIL CR TB24 (<i>Use paroxetine hcl</i>)	NP	QL(1 ea daily); AL(At least 7 yrs old)
<i>fluoxetine hcl TABS 10 MG</i>	NC	QL(1 ea daily); AL(At least 7 yrs old)	PAXIL SUSP (<i>Use paroxetine hcl</i>)	NP	QL(40 ml daily)
FLUOXETINE HYDROCHLORIDE TABS (<i>Use fluoxetine hcl</i>)	NP		PAXIL TABS 30 MG, 40 MG (<i>Use paroxetine hcl</i>)	NP	QL(2 ea daily); AL(At least 7 yrs old)
<i>fluvoxamine maleate CP24</i>	NP		PAXIL TABS 20 MG (<i>Use paroxetine hcl</i>)	NP	QL(3 ea daily)
<i>fluvoxamine maleate TABS 25 MG, 50 MG</i>	P	QL(2 ea daily); AL(At least 7 yrs old)	PAXIL TABS 10 MG (<i>Use paroxetine hcl</i>)	NP	QL(6 ea daily)
<i>fluvoxamine maleate TABS 100 MG</i>	P	QL(3 ea daily)	PEXEVA	NC	
LEXAPRO TABS 20 MG (<i>Use escitalopram oxalate</i>)	NP	QL(1 ea daily); AL(At least 7 yrs old)	PROZAC CAPS 20 MG (<i>Use fluoxetine hcl</i>)	NP	
LEXAPRO TABS 10 MG (<i>Use escitalopram oxalate</i>)	NP	QL(2 ea daily); AL(At least 7 yrs old)	PROZAC CAPS 40 MG (<i>Use fluoxetine hcl</i>)	NP	QL(2 ea daily); AL(At least 7 yrs old)
LEXAPRO TABS 5 MG (<i>Use escitalopram oxalate</i>)	NP	QL(4 ea daily)	PROZAC CAPS 10 MG, 20 MG (<i>Use fluoxetine hcl</i>)	NP	QL(4 ea daily)
<i>paroxetine hcl SUSP</i>	NP		<i>sertraline hcl CONC</i>	NP	
<i>paroxetine hcl TABS 10 MG</i>	NC	QL(6 ea daily)	<i>sertraline hcl CONC</i>	NC	
<i>paroxetine hcl TABS 20 MG</i>	NC	QL(3 ea daily)	<i>sertraline hcl TABS</i>	NC	
<i>paroxetine hcl TABS 30 MG</i>	NC	QL(2 ea daily); AL(At least 7 yrs old)	<i>sertraline hcl TABS</i>	P	
<i>paroxetine hcl TABS 30 MG, 40 MG</i>	P	QL(2 ea daily); AL(At least 7 yrs old)	SERTRALINE HYDROCHLORIDE CAPS	NP	
			ZOLOFT CONC (<i>Use sertraline hcl</i>)	NP	QL(186 ml per 31 day(s) retail)
			ZOLOFT TABS 50 MG, 100 MG (<i>Use sertraline hcl</i>)	NP	
			ZOLOFT TABS 100 MG (<i>Use sertraline hcl</i>)	NP	QL(2 ea daily); AL(At least 7 yrs old)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ZOLOFT TABS 25 MG, 50 MG <i>(Use sertraline hcl)</i>	NP	QL(4 ea daily)	EFFEXOR XR CP24 37.5 MG <i>(Use venlafaxine hcl)</i>	NP	QL(4 ea daily)
Serotonin Modulators			FETZIMA TITRATION PACK C4PK	NP	
<i>nefazodone hcl</i>	P		FETZIMA CP24	NP	
<i>trazodone hcl TABS 50 MG, 100 MG, 150 MG</i>	P		PRISTIQ 50 MG <i>(Use desvenlafaxine succinate)</i>	NC	
<i>trazodone hcl TABS 300 MG</i>	P	QL(2 ea daily)	PRISTIQ 50 MG, 100 MG <i>(Use desvenlafaxine succinate)</i>	NP	
TRINTELLIX 5 MG, 20 MG	NP		PRISTIQ 25 MG, 50 MG <i>(Use desvenlafaxine succinate)</i>	NP	QL(1 ea daily)
TRINTELLIX	NP	QL(1 ea daily); AL(At least 18 yrs old)	PRISTIQ 100 MG <i>(Use desvenlafaxine succinate)</i>	NP	QL(4 ea daily)
VIIBRYD STARTER PACK KIT	NC		VENLAFAXINE BESYLATE ER	NP	
VIIBRYD TABS <i>(Use vilazodone hcl)</i>	NP	QL(1 ea daily)	<i>venlafaxine hcl CP24 37.5 MG</i>	P	QL(4 ea daily)
<i>vilazodone hcl TABS</i>	P		<i>venlafaxine hcl CP24 75 MG</i>	NC	
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)			<i>venlafaxine hcl CP24 75 MG</i>	P	
CYMBALTA CPEP <i>(Use duloxetine hcl)</i>	NC	QL(1 ea daily); AL(At least 7 yrs old)	<i>venlafaxine hcl CP24 150 MG</i>	P	QL(2 ea daily)
DESVENLAFAXINE ER 100 MG	NC		<i>venlafaxine hcl CP24 37.5 MG</i>	NC	QL(4 ea daily)
DESVENLAFAXINE ER	NP		<i>venlafaxine hcl CP24 150 MG</i>	NC	QL(2 ea daily)
<i>desvenlafaxine succinate</i>	P		<i>venlafaxine hcl TABS</i>	NC	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	NC	QL(1 ea daily); AL(At least 7 yrs old)	<i>venlafaxine hcl TABS</i>	P	
<i>duloxetine hcl CPEP 20 MG, 30 MG, 60 MG</i>	P	QL(1 ea daily); AL(At least 7 yrs old)	<i>venlafaxine hcl TB24</i>	NC	
<i>duloxetine hcl CPEP 40 MG</i>	NC		<i>venlafaxine hcl TB24</i>	NP	
<i>duloxetine hcl CPEP 40 MG</i>	NP		Tricyclic Agents		
EFFEXOR XR CP24 75 MG <i>(Use venlafaxine hcl)</i>	NP		<i>amitriptyline hcl TABS</i>	C	
EFFEXOR XR CP24 150 MG <i>(Use venlafaxine hcl)</i>	NP	QL(2 ea daily)	<i>amoxapine</i>	C	
EFFEXOR XR CP24 75 MG <i>(Use venlafaxine hcl)</i>	NP	QL(5 ea daily)	ANAFRANIL <i>(Use clomipramine hcl)</i>	NC	
			<i>clomipramine hcl 75 MG</i>	C	
			<i>clomipramine hcl 25 MG, 50 MG</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG</i>	C	
<i>desipramine hcl TABS 25 MG</i>	C	QL(2 ea daily)
<i>doxepin hcl CAPS</i>	C	
<i>doxepin hcl CONC</i>	C	
<i>imipramine hcl TABS</i>	C	
<i>imipramine pamoate</i>	NC	
NORPRAMIN TABS 25 MG (Use <i>desipramine hcl</i>)	NC	QL(2 ea daily)
NORPRAMIN TABS 10 MG (Use <i>desipramine hcl</i>)	NC	
<i>nortriptyline hcl CAPS</i>	C	
<i>nortriptyline hcl SOLN</i>	C	QL(20 ml daily)
PAMELOR CAPS (Use <i>nortriptyline hcl</i>)	NC	
<i>protriptyline hcl</i>	NC	
<i>trimipramine maleate CAPS</i>	NC	

ANTIDIABETICS - Drugs to Regulate Blood Sugar

Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	P	
<i>miglitol</i>	NP	
PRECOSE (Use <i>acarbose</i>)	NP	
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	P	QL(11 ml per 31 day(s) retail)
SYMLINPEN 60 SOPN	P	QL(6 ml per 31 day(s) retail)
Antidiabetic - Cellular Therapy		
LANTIDRA	NC	
Antidiabetic Combinations		
ACTOPLUS MET TABS 850 MG-15 MG (Use <i>pioglitazone hcl-metformin hcl</i>)	NP	QL(2 ea daily)
<i>alogliptin-metformin hcl</i>	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG</i>	NP	QL(1 ea daily)
<i>alogliptin-pioglitazone 15 MG-12.5 MG, 45 MG-12.5 MG</i>	C	QL(1 ea daily)
<i>dapagliflozin propanediol-metformin hcl</i>	NP	
DUETACT (Use <i>pioglitazone hcl-glimepiride</i>)	NP	
<i>glipizide-metformin hcl</i>	NP	
<i>glyburide-metformin</i>	P	
<i>glyburide-metformin</i>	NC	
GLYXAMBI	NP	
GLYXAMBI	NP	
INVOKAMET XR TB24	NP	
INVOKAMET TABS	P	
JANUMET XR TB24	NP	
JENTADUETO XR TB24	NP	
KOMBIGLYZE XR (Use <i>saxagliptin-metformin hcl</i>)	NP	QL(1 ea daily)
OSENI 45 MG-12.5 MG (Use <i>alogliptin-pioglitazone</i>)	NC	QL(1 ea daily)
OSENI	C	QL(1 ea daily)
<i>pioglitazone hcl-glimepiride</i>	NC	
<i>pioglitazone hcl-glimepiride</i>	NP	
<i>pioglitazone hcl-metformin hcl TABS</i>	NC	QL(2 ea daily)
<i>pioglitazone hcl-metformin hcl TABS</i>	NP	QL(2 ea daily)
QTERN	NP	
<i>saxagliptin-metformin hcl</i>	NP	
SEGLUROMET	NP	
SEGLUROMET	NC	
SEGLUROMET	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SITAGLIPTIN/METFORMIN HYDROCHLORIDE TABS OR	NC		<i>metformin hcl TB24 750 MG</i>	P	QL(3 ea daily)
SOLIQUA 100/33	NP	QL(18 ml per 31 day(s) retail)	<i>metformin hcl TB24 500 MG</i>	P	QL(4 ea daily)
STEGLUJAN	NP		<i>metformin hcl TB24 500 MG</i>	NC	QL(4 ea daily)
SYNJARDY XR TB24	NP		RIOMET SOLN (<i>Use metformin hcl</i>)	NP	
SYNJARDY XR TB24	NP		RIOMET SOLN (<i>Use metformin hcl</i>)	NP	
SYNJARDY TABS	NP		Diabetic Other		
SYNJARDY TABS	NP		BAQSIMI ONE PACK POWD	NC	
TRIJARDY XR	NP		BAQSIMI TWO PACK POWD	NC	
TRIJARDY XR	NP		BD GLUCOSE CHEW	C	QL(50 ea per 31 day(s) retail)
XIGDUO XR	P		<i>diazoxide</i>	NC	
XIGDUO XR	P		GLUCAGEN HYPOKIT	NC	
XULTOPHY 100/3.6	NP		<i>glucagon (rdna)</i>	C	QL(4 ea per 365 day(s) retail)
Biguanides			GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	NC	QL(4 ea per 365 day(s) retail)
GLUMETZA TB24 (<i>Use metformin hcl</i>)	NP		GVOKE KIT SOLN	NC	
<i>metformin hcl SOLN</i>	NP		GVOKE PFS SOSY	NC	
<i>metformin hcl TABS 1000 MG</i>	P	QL(2 ea daily)	ZEGALOGUE SOAJ	NC	
<i>metformin hcl TABS 500 MG</i>	NC	QL(5 ea daily)	ZEGALOGUE SOSY	NC	
<i>metformin hcl TABS 500 MG</i>	P	QL(5 ea daily)	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
<i>metformin hcl TABS 850 MG</i>	P	QL(3 ea daily)	<i>alogliptin benzoate</i>	NP	QL(1 ea daily)
<i>metformin hcl TABS 850 MG</i>	NC	QL(3 ea daily)	JANUVIA	P	
<i>metformin hcl TABS 1000 MG</i>	NC	QL(2 ea daily)	ONGLYZA (<i>Use saxagliptin hcl</i>)	NP	
<i>metformin hcl TABS 625 MG</i>	NP		ONGLYZA (<i>Use saxagliptin hcl</i>)	NP	QL(1 ea daily)
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NP		<i>saxagliptin hcl</i>	NP	
<i>metformin hcl TB24 750 MG</i>	NC	QL(3 ea daily)	SITAGLIPTIN	NP	
<i>metformin hcl TB24 500 MG, 1000 MG</i>	NC		TRADJENTA	P	
			ZITUVIO	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
Dopamine Receptor Agonists - Antidiabetic			FIASP FLEXTOUCH SOPN	NP	
CYCLOSET	NC		FIASP SOLN	NP	
Incretin Mimetic Agents			HUMALOG JUNIOR KWIKPEN SOPN	P	
ADLYXIN STARTER PACK PNKT	NC		HUMALOG MIX 50/50 KWIKPEN SUPN	P	
ADLYXIN SOPN	NC		HUMALOG MIX 50/50 SUSP	P	
BYDUREON BCISE AUIJ	NP	QL(3.4 ml per 28 day(s) retail)	HUMALOG MIX 75/25 KWIKPEN SUPN	P	
BYDUREON BCISE AUIJ	NP		HUMALOG MIX 75/25 SUSP	P	
BYETTA SOPN 10 MCG/0.04ML	NP	QL(2.4 ml per 31 day(s) retail); AL(At least 18 yrs old)	HUMALOG TEMPO PEN SOPN	P	
BYETTA SOPN 5 MCG/0.02ML	NP	QL(1.2 ml per 31 day(s) retail); AL(At least 18 yrs old)	HUMALOG SOLN IJ	P	
MOUNJARO	NP		HUMULIN 70/30 KWIKPEN SUPN	P	QL(1 ml daily)
MOUNJARO	NP		HUMULIN 70/30 SUSP	P	Limit 40mls per month
OZEMPIC SOPN	P		HUMULIN N KWIKPEN SUPN	P	QL(1 ml daily)
RYBELSUS TABS	NP		HUMULIN N SUSP	NC	Limit 40mls per month
TRULICITY	P	QL(2 ml per 28 day(s) retail)	HUMULIN N SUSP	P	Limit 40mls per month
VICTOZA	P		HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	
Insulin			HUMULIN R U-500 KWIKPEN SOPN SC	P	
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP		HUMULIN R SOLN IJ	P	Limit 40mls per month
APIDRA SOLOSTAR SOPN	P		INSULIN ASPART FLEXPEN SOPN	P	QL(30 ml per 31 day(s) retail)
APIDRA SOLN	NC		INSULIN ASPART PENFILL SOCT	P	QL(30 ml per 31 day(s) retail)
APIDRA SOLN	NP		INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	P	QL(30 ml per 31 day(s) retail)
BASAGLAR KWIKPEN SOPN	NP		INSULIN ASPART PROTAMINE/INSULIN ASPART SUSP	P	QL(40 ml per 31 day(s) retail)
BASAGLAR KWIKPEN SOPN	NP				
BASAGLAR TEMPO PEN SOPN	NP				
BASAGLAR TEMPO PEN SOPN	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART SOLN IJ	P	QL(30 ml per 31 day(s) retail)	NOVOLIN 70/30 SUSP	NP	Limit 40mls per month
INSULIN DEGLUDEC FLEXTOUCH SOPN 200 UNIT/ML	NP	QL(0.9 ml daily)	NOVOLIN N FLEXPEN RELION SUPN	NP	
INSULIN DEGLUDEC FLEXTOUCH SOPN 100 UNIT/ML	NP	QL(1.5 ml daily)	NOVOLIN N FLEXPEN SUPN	NP	QL(1 ml daily)
INSULIN DEGLUDEC SOLN	NP	QL(1.5 ml daily)	NOVOLIN N RELION SUSP	NP	
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	NP		NOVOLIN N SUSP	NP	Limit 40mls per month
INSULIN GLARGINE SOLN	NP		NOVOLIN R RELION SOLN IJ	NP	
INSULIN GLARGINE-YFGN SOLN	NP	QL(30 ml per 31 day(s) retail)	NOVOLIN R SOLN IJ	NP	Limit 40mls per month
INSULIN GLARGINE-YFGN SOPN	NP	QL(30 ml per 31 day(s) retail)	NOVOLOG FLEXPEN RELION SOPN	P	
INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	QL(30 ml per 31 day(s) retail)	NOVOLOG FLEXPEN SOPN	P	
INSULIN LISPRO KWIKPEN SOPN	NC	QL(30 ml per 31 day(s) retail)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN RELION SUPN	P	
INSULIN LISPRO KWIKPEN SOPN	P	QL(30 ml per 31 day(s) retail)	NOVOLOG MIX 70/30 PREFILLED FLEXPEN SUPN	P	
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	P	QL(30 ml per 31 day(s) retail)	NOVOLOG MIX 70/30 RELION SUSP	P	
INSULIN LISPRO SOLN IJ	P	QL(30 ml per 31 day(s) retail)	NOVOLOG MIX 70/30 SUSP	P	
INSULIN LISPRO SOLN IJ	NC	QL(30 ml per 31 day(s) retail)	NOVOLOG PENFILL SOCT	P	
LANTUS SOLOSTAR SOPN	P		NOVOLOG RELION SOLN IJ	P	
LYUMJEV TEMPO PEN SOPN	NP		NOVOLOG SOLN IJ	P	
LYUMJEV TEMPO PEN SOPN	NP		REZVOGLAR KWIKPEN	NP	
NOVOLIN 70/30 FLEXPEN RELION SUPN	NP		SEMGLEE SOLN	NP	
NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(1 ml daily)	SEMGLEE SOPN	NP	
NOVOLIN 70/30 RELION SUSP	NP		TRESIBA FLEXTOUCH SOPN	NP	
			TRESIBA SOLN	NP	
			Insulin Sensitizing Agents		
			ACTOS (Use pioglitazone hcl)	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>pioglitazone hcl</i>	P	QL(1 ea daily)
<i>pioglitazone hcl</i>	NC	QL(1 ea daily)
Meglitinide Analogues		
<i>nateglinide</i>	P	QL(3 ea daily)
<i>nateglinide 60 MG</i>	NC	QL(3 ea daily)
<i>repaglinide</i>	NP	
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
BEXAGLIFLOZIN	NC	
BRENZAVVY	NC	
<i>dapagliflozin propanediol</i>	NP	
FARXIGA	P	
FARXIGA	P	
JARDIANCE	P	
STEGLATRO	NP	
STEGLATRO	NC	
STEGLATRO	NP	QL(1 ea daily)
Sulfonylureas		
AMARYL 4 MG (<i>Use glimepiride</i>)	NC	QL(2 ea daily)
AMARYL 1 MG, 2 MG (<i>Use glimepiride</i>)	NC	QL(4 ea daily)
<i>glimepiride 4 MG</i>	P	QL(2 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	P	QL(4 ea daily)
<i>glimepiride 1 MG, 2 MG</i>	NC	QL(4 ea daily)
<i>glimepiride 4 MG</i>	NC	QL(2 ea daily)
<i>glipizide TABS</i>	P	
<i>glipizide TABS 5 MG, 10 MG</i>	NC	
<i>glipizide TB24</i>	P	
<i>glipizide TB24</i>	NC	
GLUCOTROL XL TB24 (<i>Use glipizide</i>)	NP	
GLUCOTROL XL TB24 (<i>Use glipizide</i>)	NP	
<i>glyburide micronized 1.5 MG, 3 MG, 6 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>glyburide TABS</i>	P	
<i>glyburide TABS</i>	NC	
GLYNASE (<i>Use glyburide micronized</i>)	NP	
GLYNASE (<i>Use glyburide micronized</i>)	NP	
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Antidiarrheal - Chloride Channel Antagonists		
MYTESI	NC	
Antidiarrheal/Probiotic Agents - Misc.		
<i>bismuth subsalicylate CHEW 262 MG</i>	C	
<i>bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML</i>	C	
PEPTO-BISMOL MAX STRENGTH SUSP (<i>Use bismuth subsalicylate</i>)	NC	
PEPTO-BISMOL TO-GO CHEW (<i>Use bismuth subsalicylate</i>)	NC	
PEPTO-BISMOL CHEW (<i>Use bismuth subsalicylate</i>)	NC	
Antidiarrheal/Probiotic Combinations		
RESTORA RX CAPS	NC	
Antiperistaltic Agents		
<i>diphenoxylate w/ atropine LIQD</i>	C	
<i>diphenoxylate w/ atropine TABS</i>	C	
IMODIUM A-D CAPS (<i>Use loperamide hcl</i>)	NC	QL(8 ea daily); RX/OTC
IMODIUM A-D TABS (<i>Use loperamide hcl</i>)	NC	QL(8 ea daily)
LOMOTIL TABS (<i>Use diphenoxylate w/ atropine</i>)	NC	
<i>loperamide hcl CAPS</i>	C	QL(8 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>loperamide hcl TABS</i>	C	QL(8 ea daily)
MOTOFEN	NC	
<i>opium tincture</i>	NC	
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Antidote Combinations		
DUODOTE	NC	
NITHIODOTE	NC	
PREVDUO	NC	
Antidotes - Chelating Agents		
CHEMET	C	
<i>deferasirox PACK</i>	NC	SP
<i>deferasirox TABS</i>	NC	SP
<i>deferasirox TBSO</i>	NC	SP
<i>deferiprone TABS</i>	NC	SP
PENTETATE CALCIUM TRISODIUM	NC	
PENTETATE ZINC TRISODIUM	NC	
Antidotes and Specific Antagonists		
<i>acetylcysteine (antidote) SOLN</i>	NC	
BAL IN OIL	NC	
CALCIUM DISODIUM VERSENATE SOLN 1 GM/5ML	NC	
CYANOKIT	NC	
DIGIFAB	NC	
EDETATE CALCIUM DISODIUM SOLN	NC	
<i>fomepizole 1.5 GM/1.5ML</i>	NC	
<i>methylene blue (antidote) SOLN IV 50 MG/10ML</i>	NC	
METHYLENE BLUE SOSY	NC	
PHYSOSTIGMINE SALICYLATE	NC	
PRAXBIND	NC	

Drug Name	Drug Tier	Requirements/Limits
PROTOPAM CHLORIDE SOLR	NC	
RADIOGARDASE	NC	
SODIUM NITRITE	NC	
<i>sodium thiosulfate 25 %</i>	NC	
SUGAMMADEX SODIUM SOSY	NC	
VISTOGARD	C	
Benzodiazepine Antagonists		
<i>flumazenil</i>	NC	
Opioid Antagonists		
KLOXXADO LIQD	NP	
<i>naloxone hcl LIQD</i>	NC	RX/OTC
<i>naloxone hcl LIQD</i>	P	RX/OTC
<i>naloxone hcl LIQD</i>	NP	RX/OTC
<i>naloxone hcl SOCT</i>	P	QL(2 ml per 90 day(s) retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	NC	QL(2 ml per 90 day(s) retail)
<i>naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML</i>	P	QL(2 ml per 90 day(s) retail)
<i>naloxone hcl SOSY</i>	P	QL(4 ml per 90 day(s) retail)
<i>naltrexone hcl</i>	C	
NARCAN LIQD (<i>Use naloxone hcl</i>)	P	RX/OTC
OPVEE NA	NP	
OPVEE NA	NP	
VIVITROL	P	QL(1 ea per 30 day(s) retail); SP
ZIMHI SOSY	NP	
ZIMHI SOSY	NP	
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
5-HT3 Receptor Antagonists		
ANZEMET TABS 50 MG	NP	
<i>granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>granisetron hcl TABS</i>	NP	
<i>granisetron hcl TABS</i>	NC	
<i>ondansetron hcl SOLN OR 4 MG/5ML</i>	P	QL(50 ml per 31 day(s) retail)
<i>ondansetron hcl SOLN IJ</i>	C	
<i>ondansetron hcl SOSY</i>	C	
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	NC	QL(20 ea per 31 day(s) retail)
<i>ondansetron hcl TABS 24 MG</i>	C	QL(1 ea per 14 day(s) retail)
<i>ondansetron hcl TABS 4 MG, 8 MG</i>	P	QL(20 ea per 31 day(s) retail)
<i>ondansetron TBDP</i>	P	QL(20 ea per 31 day(s) retail)
<i>palonosetron hcl SOLN</i>	NC	
<i>palonosetron hcl SOSY</i>	NC	
PALONOSETRON HYDROCHLORIDE SOLN	NC	
SANCUSO PTCH	NP	
SUSTOL PRSY	NC	
Antiemetics - Anticholinergic		
<i>ANTIVERT CHEW (Use meclizine hcl)</i>	NP	RX/OTC
DIMENHYDRINATE SOLN	NC	
DRAMAMINE CHEW	C	QL(24 ea per fill retail)
<i>meclizine hcl CHEW</i>	NC	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	NC	RX/OTC
<i>meclizine hcl TABS 12.5 MG, 25 MG</i>	NP	RX/OTC
<i>scopolamine</i>	NP	
<i>scopolamine</i>	NP	
TIGAN SOLN	NC	
TRANSDERM-SCOP (<i>Use scopolamine</i>)	P	
<i>trimethobenzamide hcl CAPS</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>trimethobenzamide hcl CAPS</i>	NP	
Antiemetics - Antidopaminergic		
BARHEMSYS	NC	
Antiemetics - Miscellaneous		
AKYNZEO	NP	
AKYNZEO SOLR	NC	
BONJESTA TBCR	NP	
DICLEGIS TBEC (<i>Use doxylamine-pyridoxine</i>)	NP	
<i>doxylamine-pyridoxine TBEC</i>	NP	
<i>dronabinol CAPS</i>	NC	
<i>dronabinol CAPS</i>	NP	
MARINOL CAPS 2.5 MG (<i>Use dronabinol</i>)	NP	
MARINOL CAPS 5 MG, 10 MG (<i>Use dronabinol</i>)	NC	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
APONVIE EMUL	NC	
<i>aprepitant CAPS</i>	NP	
<i>aprepitant CAPS</i>	NP	
<i>aprepitant MISC</i>	NP	
EMEND TRIPACK CAPS (<i>Use aprepitant</i>)	P	
EMEND CAPS 80 MG (<i>Use aprepitant</i>)	P	
EMEND SUSR	NP	
EMEND SUSR	NP	
FOCINVEZ SOLN	NC	
<i>fosaprepitant dimeglumine SOLR</i>	NC	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	
<i>caspofungin acetate</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CASPOFUNGIN ACETATE	NC		DIFLUCAN TABS 150 MG (Use fluconazole)	NC	QL(2 ea per fill retail)
ERAXIS	NC		<i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i>	NC	
MICAFUNGIN	NC		FLUCONAZOLE/SODIUM CHLORIDE	NC	
<i>micafungin sodium</i>	NC		<i>fluconazole SUSR 40 MG/ML</i>	P	
REZZAYO	NC		<i>fluconazole SUSR 10 MG/ML</i>	P	QL(70 ml per fill retail)
Antifungals			<i>fluconazole TABS 150 MG</i>	NC	QL(2 ea per fill retail)
ABELCET	NC		<i>fluconazole TABS 50 MG</i>	P	QL(3 ea per 14 day(s) retail)
<i>amphotericin b IV</i>	NC		<i>fluconazole TABS 100 MG, 200 MG</i>	P	
<i>amphotericin b liposome</i>	NC		<i>fluconazole TABS 150 MG</i>	P	QL(2 ea per fill retail)
<i>flucytosine</i>	NC		<i>fluconazole TABS 100 MG, 200 MG</i>	NC	
<i>griseofulvin microsize SUSP</i>	P		<i>fluconazole TABS 50 MG</i>	NC	QL(3 ea per 14 day(s) retail)
<i>griseofulvin microsize TABS</i>	NP		<i>itraconazole CAPS</i>	NP	QL(1 ea daily)
<i>griseofulvin microsize TABS</i>	NC		<i>itraconazole CAPS</i>	NC	QL(1 ea daily)
<i>griseofulvin ultramicrosize</i>	P		<i>itraconazole SOLN</i>	NP	
<i>griseofulvin ultramicrosize</i>	NC		<i>ketoconazole</i>	NP	
<i>nystatin TABS</i>	P	QL(6 ea daily)	NOXAFIL PACK	NC	
<i>terbinafine hcl TABS</i>	P	QL(1 ea daily; 90 ea per 120 day(s) retail)	<i>posaconazole SOLN</i>	NC	
<i>terbinafine hcl TABS</i>	NC	QL(1 ea daily; 90 ea per 120 day(s) retail)	<i>posaconazole SUSP</i>	NC	
Imidazole-Related Antifungals			<i>posaconazole TBEC</i>	NC	
CRESEMBA CAPS	NP		SPORANOX PULSEPAK CAPS (Use itraconazole)	NC	QL(1 ea daily)
CRESEMBA CAPS	NP		SPORANOX CAPS (Use itraconazole)	NP	QL(1 ea daily)
CRESEMBA SOLR	NC		SPORANOX SOLN (Use itraconazole)	NP	
DIFLUCAN SUSR 10 MG/ML (Use fluconazole)	NC	QL(70 ml per fill retail)	TOLSURA CAPS	NC	
DIFLUCAN SUSR 40 MG/ML (Use fluconazole)	NP	QL(70 ml per fill retail)	VFEND SUSR (Use voriconazole)	NP	
DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	NP		VFEND TABS (Use voriconazole)	NP	
DIFLUCAN TABS 50 MG (Use fluconazole)	NC	QL(3 ea per 14 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VIVJOA	NC		<i>clemastine fumarate</i> TABS 2.68 MG	NC	
<i>voriconazole SOLR</i>	NC		DAYHIST ALLERGY 12 HOUR RELIEF TABS	C	QL(2 ea daily)
<i>voriconazole SUSR</i>	NP		DICOPANOL FUSEPAQ SUSR	NC	
<i>voriconazole TABS</i>	NC		DICOPANOL RAPIDPAQ SUSR	NC	
<i>voriconazole TABS</i>	NP		<i>diphenhydramine hcl</i> CAPS	C	QL(4 ea daily)
ANTIHISTAMINES - Drugs to Treat Allergies			<i>diphenhydramine hcl</i> ELIX 12.5 MG/5ML	C	QL(240 ml per fill retail)
Antihistamines - Alkylamines			<i>diphenhydramine hcl</i> SOLN 50 MG/ML	NC	
BROMPHENIRAMINE MALEATE SOLN IM	NC		<i>diphenhydramine hcl</i> TABS 25 MG	C	
BROMPHENIRAMINE SOLN IM	NC		KARBINAL ER SUER	NC	
<i>chlorpheniramine maleate</i> SYRP	C		RYVENT TABS	NC	
<i>dexchlorpheniramine maleate</i> SOLN	C		Antihistamines - Non-Sedating		
Antihistamines - Combinations			ALLEGRA ALLERGY TABS 60 MG (Use <i>fexofenadine hcl</i>)	NC	QL(2 ea daily)
CLOBETEX	NC		ALLEGRA ALLERGY TABS 180 MG (Use <i>fexofenadine hcl</i>)	NC	QL(1 ea daily)
Antihistamines - Ethanolamines			<i>cetirizine hcl</i> CHEW 10 MG	C	QL(1 ea daily)
BENADRYL ALLERGY EXTRA STRENGTH TABS	C		<i>cetirizine hcl</i> SOLN OR	NC	QL(300 ml per fill retail); RX/OTC
BENADRYL ALLERGY ULTRATABS TABS (Use <i>diphenhydramine hcl</i>)	NC		<i>cetirizine hcl</i> SOLN OR 5 MG/5ML	P	RX/OTC
BENADRYL ALLERGY CAPS (Use <i>diphenhydramine hcl</i>)	NC	QL(4 ea daily)	<i>cetirizine hcl</i> SOLN OR	NC	RX/OTC
BENADRYL ALLERGY TABS (Use <i>diphenhydramine hcl</i>)	NC		<i>cetirizine hcl</i> SOLN OR 1 MG/ML	P	QL(300 ml per fill retail); RX/OTC
<i>carbinoxamine maleate</i> SOLN	NC		<i>cetirizine hcl</i> SYRP OR	NC	QL(300 ml per fill retail); RX/OTC
<i>carbinoxamine maleate</i> SUER	NC		<i>cetirizine hcl</i> TABS	C	QL(1 ea daily)
<i>carbinoxamine maleate</i> TABS 4 MG	NC		CLARINEX TABS (Use <i>desloratadine</i>)	NP	
CARBINOXAMINE MALEATE TABS	NC		<i>desloratadine</i> TABS	NC	
<i>clemastine fumarate</i> TABS 1.34 MG	C	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
<i>desloratadine TABS</i>	NP	
<i>desloratadine TBDP</i>	NP	
<i>desloratadine TBDP</i>	NP	
<i>fexofenadine hcl TABS 60 MG</i>	C	QL(2 ea daily)
<i>fexofenadine hcl TABS 180 MG</i>	C	QL(1 ea daily)
<i>levocetirizine dihydrochloride TABS</i>	NC	QL(1 ea daily); RX/OTC
<i>levocetirizine dihydrochloride TABS</i>	P	QL(1 ea daily); RX/OTC
<i>loratadine TABS</i>	NC	
<i>loratadine TABS</i>	P	
<i>loratadine TABS</i>	P	QL(1 ea daily)
<i>loratadine TABS</i>	NC	QL(1 ea daily)
<i>loratadine TABS</i>	P	
<i>loratadine TBDP 10 MG</i>	NC	QL(1 ea daily)
<i>loratadine TBDP 10 MG</i>	P	QL(1 ea daily)
<i>loratadine TBDP</i>	NC	
<i>XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)</i>	NC	QL(1 ea daily); RX/OTC
<i>ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use cetirizine hcl)</i>	NC	QL(1 ea daily)
<i>ZYRTEC CHEW 10 MG (Use cetirizine hcl)</i>	NC	QL(1 ea daily)
Antihistamines - Phenothiazines		
<i>promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML</i>	NC	
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	P	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SOLN OR 6.25 MG/5ML</i>	NC	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP 12.5 MG, 25 MG</i>	NC	QL(12 ea per fill retail); AL(At least 2 yrs old)
<i>promethazine hcl SUPP</i>	P	QL(12 ea per fill retail); AL(At least 2 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>promethazine hcl TABS 25 MG, 50 MG</i>	NC	AL(At least 2 yrs old)
<i>promethazine hcl TABS</i>	P	AL(At least 2 yrs old)
Antihistamines - Piperidines		
<i>cyproheptadine hcl SYRP</i>	C	
<i>cyproheptadine hcl TABS</i>	C	
ANTIHYPERTENSIVES - Drugs to Treat High Cholesterol		
Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
<i>NEXLETOL</i>	NC	
Angiotensin-like Protein Inhibitors		
<i>EVKEEZA</i>	NC	SP
Antihyperlipidemics - Combinations		
<i>ezetimibe-simvastatin</i>	NP	
<i>ezetimibe-simvastatin</i>	NC	
<i>NEXLIZET</i>	NC	
<i>ROSUVASTATIN/EZETIMIBE</i>	NC	
<i>ROSZET</i>	NC	
<i>SURE RESULT O3D3 SYSTEM</i>	NC	
<i>VYTORIN (Use ezetimibe-simvastatin)</i>	NP	
Antihyperlipidemics - Misc.		
<i>icosapent ethyl</i>	NP	
<i>icosapent ethyl</i>	NC	
<i>LOVAZA (Use omega-3-acid ethyl esters)</i>	P	
<i>omega-3-acid ethyl esters</i>	NC	
<i>omega-3-acid ethyl esters</i>	P	
<i>VASCEPA (Use icosapent ethyl)</i>	P	
Bile Acid Sequestrants		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cholestyramine light PACK</i>	P		QUESTRAN POWD (<i>Use cholestyramine</i>)	NP	
<i>cholestyramine light PACK</i>	NC		WELCHOL PACK (<i>Use colesevelam hcl</i>)	NP	
<i>cholestyramine light PACK</i>	NP		WELCHOL PACK (<i>Use colesevelam hcl</i>)	NC	
<i>cholestyramine light POWD</i>	NP		WELCHOL TABS (<i>Use colesevelam hcl</i>)	NC	
<i>cholestyramine light POWD</i>	P		WELCHOL TABS (<i>Use colesevelam hcl</i>)	NP	
<i>cholestyramine light POWD</i>	NC		Fibric Acid Derivatives		
<i>cholestyramine PACK</i>	P		ANTARA 30 MG	NC	
<i>cholestyramine PACK</i>	NC		<i>choline fenofibrate</i>	NP	
<i>cholestyramine POWD</i>	NC		<i>fenofibrate micronized 134 MG, 200 MG</i>	NC	QL(1 ea daily)
<i>cholestyramine POWD</i>	P		<i>fenofibrate micronized 30 MG</i>	NC	
<i>colesevelam hcl PACK</i>	NP		<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	NP	
<i>colesevelam hcl TABS</i>	NP		<i>fenofibrate micronized 134 MG, 200 MG</i>	NP	QL(1 ea daily)
COLESTID FLAVORED GRAN (<i>Use colestipol hcl</i>)	NP		<i>fenofibrate micronized 43 MG, 90 MG, 130 MG</i>	NP	
COLESTID FLAVORED PACK (<i>Use colestipol hcl</i>)	NP		<i>fenofibrate micronized 67 MG</i>	NP	QL(2 ea daily)
COLESTID GRAN (<i>Use colestipol hcl</i>)	NP		<i>fenofibrate micronized 67 MG</i>	NC	QL(2 ea daily)
COLESTID GRAN (<i>Use colestipol hcl</i>)	NP		<i>fenofibrate CAPS</i>	NP	
COLESTID PACK (<i>Use colestipol hcl</i>)	NP		<i>fenofibrate TABS 48 MG, 145 MG</i>	P	
COLESTID PACK (<i>Use colestipol hcl</i>)	NP		<i>fenofibrate TABS 40 MG, 54 MG, 120 MG, 160 MG</i>	NP	
COLESTID TABS (<i>Use colestipol hcl</i>)	NP		<i>fenofibrate TABS</i>	NC	
<i>colestipol hcl GRAN</i>	P		FENOFIBRATE TABS	NC	
<i>colestipol hcl PACK</i>	P		<i>fenofibric acid</i>	NP	
<i>colestipol hcl TABS</i>	P		FENOGLIDE TABS (<i>Use fenofibrate</i>)	NP	
QUESTRAN LIGHT POWD (<i>Use cholestyramine light</i>)	NP		FIBRICOR (<i>Use fenofibric acid</i>)	NP	
QUESTRAN PACK (<i>Use cholestyramine</i>)	NP		<i>gemfibrozil TABS</i>	NC	
			<i>gemfibrozil TABS</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIPOFEN CAPS (Use fenofibrate)	NC		rosuvastatin calcium TABS	P	QL(1 ea daily)
LIPOFEN CAPS (Use fenofibrate)	NP		simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	NC	QL(1 ea daily)
LOPID TABS (Use gemfibrozil)	NP	QL(2 ea daily)	simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	P	QL(1 ea daily)
LOPID TABS (Use gemfibrozil)	NP		simvastatin TABS 80 MG	NC	
TRICOR TABS (Use fenofibrate)	NP		simvastatin TABS 80 MG	P	
TRILIPIX (Use choline fenofibrate)	NP		ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	NP	QL(1 ea daily)
HMG CoA Reductase Inhibitors			ZYPITAMAG 2 MG, 4 MG	NP	
ALTOPREV TB24 20 MG, 40 MG, 60 MG	NP		ZYPITAMAG 2 MG, 4 MG	NP	
ATORVALIQ SUSP	NP		Intestinal Cholesterol Absorption Inhibitors		
atorvastatin calcium TABS	NC		ezetimibe	P	
atorvastatin calcium TABS	P		ezetimibe	NC	
CRESTOR TABS (Use rosuvastatin calcium)	NP	QL(1 ea daily)	ZETIA (Use ezetimibe)	NP	
fluvastatin sodium CAPS	P		Nicotinic Acid Derivatives		
fluvastatin sodium TB24	NP		niacin (antihyperlipidemic) TABS	C	
LESCOL XL TB24 (Use fluvastatin sodium)	NP		niacin (antihyperlipidemic) TBCR	NP	
LIPITOR TABS (Use atorvastatin calcium)	NP	QL(1 ea daily)	niacin (antihyperlipidemic) TBCR	NC	
LIPITOR TABS (Use atorvastatin calcium)	NC		NIASPAN TBCR (Use niacin (antihyperlipidemic))	NC	
LIPITOR TABS (Use atorvastatin calcium)	NP		ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
lovastatin TABS 10 MG, 20 MG	NC	QL(1 ea daily)	ACE Inhibitors		
lovastatin TABS 40 MG	NC	QL(2 ea daily)	ACCUPRIL (Use quinapril hcl)	NP	
lovastatin TABS 40 MG	P	QL(2 ea daily)	ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	NP	QL(2 ea daily)
lovastatin TABS 10 MG, 20 MG	P	QL(1 ea daily)	benazepril hcl 40 MG	P	QL(2 ea daily)
pravastatin sodium	P	QL(1 ea daily)	benazepril hcl 5 MG, 10 MG, 20 MG	P	QL(1 ea daily)
pravastatin sodium	NC	QL(1 ea daily)	benazepril hcl 40 MG	NC	QL(2 ea daily)
rosuvastatin calcium TABS	NC	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl 5 MG, 10 MG, 20 MG</i>	NC	QL(1 ea daily)	<i>phenoxybenzamine hcl</i>	NC	
<i>captopril</i>	P	QL(3 ea daily)	<i>phentolamine mesylate SOLR</i>	NC	
<i>enalapril maleate SOLN</i>	NP		Angiotensin II Receptor Antagonists		
<i>enalapril maleate TABS</i>	NC	QL(2 ea daily)	<i>ATACAND (Use candesartan cilexetil)</i>	NP	
<i>enalapril maleate TABS</i>	P	QL(2 ea daily)	<i>AVAPRO (Use irbesartan)</i>	NP	QL(1 ea daily)
<i>enalaprilat</i>	NC		<i>BENICAR (Use olmesartan medoxomil)</i>	NP	QL(1 ea daily)
<i>EPANED SOLN (Use enalapril maleate)</i>	NP		<i>BENICAR (Use olmesartan medoxomil)</i>	NC	QL(1 ea daily)
<i>fosinopril sodium 20 MG, 40 MG</i>	NC	QL(1 ea daily)	<i>candesartan cilexetil</i>	NP	
<i>fosinopril sodium</i>	NP	QL(1 ea daily)	<i>COZAAR (Use losartan potassium)</i>	NP	QL(1 ea daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P		<i>DIOVAN TABS (Use valsartan)</i>	NP	QL(1 ea daily)
<i>lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	NC		<i>EDARBI</i>	NP	
<i>LOTENSIN 40 MG (Use benazepril hcl)</i>	NP	QL(2 ea daily)	<i>irbesartan</i>	NC	
<i>LOTENSIN 10 MG, 20 MG (Use benazepril hcl)</i>	NP	QL(1 ea daily)	<i>irbesartan</i>	P	
<i>moexipril hcl</i>	NP		<i>losartan potassium</i>	P	QL(1 ea daily)
<i>perindopril erbumine</i>	NP		<i>losartan potassium</i>	NC	QL(1 ea daily)
<i>perindopril erbumine 2 MG, 4 MG</i>	NC		<i>MICARDIS (Use telmisartan)</i>	NP	
<i>QBRELIS SOLN</i>	NP		<i>olmesartan medoxomil</i>	P	QL(1 ea daily)
<i>quinapril hcl</i>	NC		<i>olmesartan medoxomil</i>	NC	QL(1 ea daily)
<i>quinapril hcl</i>	NP		<i>telmisartan</i>	P	
<i>ramipril CAPS</i>	NP	QL(2 ea daily)	<i>telmisartan</i>	NC	
<i>ramipril CAPS</i>	NC	QL(2 ea daily)	<i>valsartan SOLN</i>	NP	
<i>trandolapril 1 MG, 2 MG</i>	NC	QL(1 ea daily)	<i>valsartan TABS</i>	NP	
<i>trandolapril 4 MG</i>	NP	QL(2 ea daily)	<i>valsartan TABS</i>	NC	
<i>trandolapril 1 MG, 2 MG</i>	NP	QL(1 ea daily)	Antiadrenergic Antihypertensives		
<i>trandolapril 4 MG</i>	NC	QL(2 ea daily)	<i>CARDURA 8 MG (Use doxazosin mesylate)</i>	NC	
<i>VASOTEC TABS (Use enalapril maleate)</i>	NP	QL(2 ea daily)	<i>CARDURA (Use doxazosin mesylate)</i>	NP	
<i>ZESTRIL TABS (Use lisinopril)</i>	NP		<i>clonidine hcl TABS</i>	NC	
Agents for Pheochromocytoma			<i>clonidine hcl TABS</i>	P	
			<i>doxazosin mesylate</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>doxazosin mesylate</i>	NC		AVALIDE (<i>Use irbesartan-hydrochlorothiazide</i>)	NP	QL(1 ea daily)
<i>guanfacine hcl</i>	NC		AZOR (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NC	
<i>guanfacine hcl</i>	P		AZOR (<i>Use amlodipine besylate-olmesartan medoxomil</i>)	NP	
<i>methyldopa TABS</i>	C		<i>benazepril & hydrochlorothiazide</i>	P	QL(1 ea daily)
MINIPRESS CAPS (<i>Use prazosin hcl</i>)	NC		<i>benazepril & hydrochlorothiazide 12.5 MG-20 MG</i>	NC	QL(1 ea daily)
<i>prazosin hcl CAPS</i>	C		BENICAR HCT (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	P	QL(1 ea daily)
<i>terazosin hcl</i>	NC		BENICAR HCT (<i>Use olmesartan medoxomil-hydrochlorothiazide</i>)	NC	QL(1 ea daily)
<i>terazosin hcl</i>	P		<i>bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG</i>	P	QL(1 ea daily)
Antihypertensive Combinations			<i>bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG</i>	NC	QL(1 ea daily)
ACCURETIC 12.5 MG-10 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(3 ea daily)	<i>bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG</i>	NC	
ACCURETIC 12.5 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(4 ea daily)	<i>bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG</i>	P	
ACCURETIC 25 MG-20 MG (<i>Use quinapril-hydrochlorothiazide</i>)	NP	QL(2 ea daily)	<i>candesartan cilexetil-hydrochlorothiazide</i>	NP	
<i>amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG</i>	P		<i>captopril & hydrochlorothiazide 25 MG-50 MG</i>	NP	QL(3 ea daily)
<i>amlodipine besylate-benazepril hcl 10 MG-2.5 MG, 40 MG-5 MG</i>	P	QL(1 ea daily)	<i>captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG-25 MG</i>	NP	QL(2 ea daily)
<i>amlodipine besylate-olmesartan medoxomil</i>	NP				
<i>amlodipine besylate-valsartan</i>	P				
<i>amlodipine besylate-valsartan 10 MG-160 MG, 10 MG-320 MG, 5 MG-160 MG</i>	NC				
<i>amlodipine-valsartan-hydrochlorothiazide</i>	P				
ATACAND HCT (<i>Use candesartan cilexetil-hydrochlorothiazide</i>)	NP				
<i>atenolol & chlorthalidone</i>	NC	QL(2 ea daily)			
<i>atenolol & chlorthalidone</i>	P	QL(2 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIOVAN HCT (Use valsartan-hydrochlorothiazide)	NP	QL(1 ea daily)	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	NP	QL(1 ea daily)
DUTOPROL TB24 12.5 MG-50 MG	C	QL(1 ea daily)	metoprolol & hydrochlorothiazide TABS	NP	
EDARBYCLOR	NP		MICARDIS HCT (Use telmisartan-hydrochlorothiazide)	NP	QL(1 ea daily)
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG	NC	QL(2 ea daily)	olmesartan medoxomil-amlodipine-hydrochlorothiazide	NP	
enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG	P	QL(2 ea daily)	olmesartan medoxomil-hydrochlorothiazide	NP	QL(1 ea daily)
enalapril maleate & hydrochlorothiazide 25 MG-10 MG	P		olmesartan medoxomil-hydrochlorothiazide	NC	QL(1 ea daily)
EXFORGE (Use amlodipine besylate-valsartan)	NP		PRESTALIA	NC	
EXFORGE HCT (Use amlodipine-valsartan-hydrochlorothiazide)	NP		quinapril-hydrochlorothiazide 12.5 MG-20 MG	NC	QL(4 ea daily)
fosinopril sodium & hydrochlorothiazide	NC	QL(1 ea daily)	quinapril-hydrochlorothiazide 25 MG-20 MG	NP	
fosinopril sodium & hydrochlorothiazide	NP	QL(1 ea daily)	quinapril-hydrochlorothiazide 25 MG-20 MG	NC	
HYZAAR (Use losartan potassium & hydrochlorothiazide)	NP	QL(1 ea daily)	quinapril-hydrochlorothiazide 12.5 MG-20 MG	NP	QL(4 ea daily)
irbesartan-hydrochlorothiazide	P		quinapril-hydrochlorothiazide 12.5 MG-10 MG	NP	QL(3 ea daily)
lisinopril & hydrochlorothiazide	P		TEKTURNA HCT	P	
lisinopril & hydrochlorothiazide	NC		telmisartan-amlodipine	NP	
losartan potassium & hydrochlorothiazide	NC	QL(1 ea daily)	telmisartan-hydrochlorothiazide	P	
losartan potassium & hydrochlorothiazide	P	QL(1 ea daily)	telmisartan-hydrochlorothiazide	NC	
LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	NP	QL(1 ea daily)	TENORETIC 100 (Use atenolol & chlorthalidone)	NP	QL(2 ea daily)
			TENORETIC 50 (Use atenolol & chlorthalidone)	NP	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>trandolapril-verapamil hcl</i>	P	
TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NC	
TRIBENZOR (Use <i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	
<i>valsartan-hydrochlorothiazide</i>	P	
<i>valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 25 MG-160 MG, 25 MG-320 MG</i>	NC	
VASERETIC 25 MG-10 MG (Use <i>enalapril maleate & hydrochlorothiazide</i>)	NP	QL(2 ea daily)
ZESTORETIC (Use <i>lisinopril & hydrochlorothiazide</i>)	NP	
ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG (Use <i>bisoprolol & hydrochlorothiazide</i>)	NP	QL(1 ea daily)
ZIAC 6.25 MG-2.5 MG (Use <i>bisoprolol & hydrochlorothiazide</i>)	NP	
Direct Renin Inhibitors		
<i>aliskiren fumarate</i>	NP	
TEKTURNA (Use <i>aliskiren fumarate</i>)	P	
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>eplerenone</i>	NC	
Vasodilators		
CORLOPAM	NC	
<i>hydralazine hcl SOLN</i>	NC	
<i>hydralazine hcl TABS</i>	C	

Drug Name	Drug Tier	Requirements/Limits
<i>minoxidil 10 MG</i>	C	QL(10 ea daily)
<i>minoxidil 2.5 MG</i>	C	QL(3 ea daily)
<i>nitroprusside sodium</i>	NC	
<i>nitroprusside sodium-sodium chloride</i>	NC	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
AEMCOLO	NP	
<i>bacitracin</i>	NC	
FIRST-METRONIDAZOLE 50	NC	
FLAGYL CAPS (Use <i>metronidazole</i>)	NP	
IMPAVIDO	NC	
LIKMEZ SUSP	NP	
METRONIDAZOLE BENZOATE/SYRSPEND SF PH4	NC	
<i>metronidazole CAPS</i>	P	
<i>metronidazole SOLN</i>	NC	
<i>metronidazole TABS</i>	P	
<i>metronidazole TABS</i>	NC	
<i>pentamidine isethionate IJ</i>	NC	
<i>tinidazole</i>	NP	
<i>tinidazole</i>	NP	
<i>tinidazole 500 MG</i>	NC	
<i>trimethoprim TABS</i>	C	
XIFAXAN	NP	
XIFAXAN	NP	
Anti-infective Misc. - Combinations		
BACTRIM DS TABS (Use <i>sulfamethoxazole-trimethoprim</i>)	NC	
BACTRIM TABS (Use <i>sulfamethoxazole-trimethoprim</i>)	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS</i>	NC		MEROPENEM	NC	
<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal</i>	NC		MEROPENEM/SODIUM CHLORIDE	NC	
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal CAPS</i>	NC		Chloramphenicols		
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 10.8 MG-81 MG-32.4 MG-0.12 MG-40.8 MG</i>	NC		<i>chloramphenicol sodium succinate</i>	NC	
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG</i>	C		Cyclic Lipopeptides		
<i>sulfamethoxazole-trimethoprim SOLN</i>	NC		CUBICIN (<i>Use daptomycin</i>)	NC	
<i>sulfamethoxazole-trimethoprim SUSP</i>	C		CUBICIN RF (<i>Use daptomycin</i>)	NC	
<i>sulfamethoxazole-trimethoprim TABS</i>	C		<i>daptomycin</i>	NC	
URIBEL	NC		DAPTOMYCIN	NC	
URIMAR-T TABS	NC		DAPTOMYCIN/SODIUM CHLORIDE	NC	
XACDURO	NC		Glycopeptides		
Antiprotozoal Agents			FIRVANQ SOLR OR (<i>Use vancomycin hcl</i>)	P	
ALINIA SUSR	NC		KIMYRSA	NC	
ALINIA TABS (<i>Use nitazoxanide</i>)	NC		VANCOCIN CAPS 250 MG (<i>Use vancomycin hcl</i>)	NP	QL(8 ea daily)
<i>atovaquone</i>	NC		VANCOCIN CAPS 125 MG (<i>Use vancomycin hcl</i>)	NP	QL(4 ea daily)
LAMPIT	NC		<i>vancomycin hcl CAPS</i>	P	
<i>nitazoxanide TABS</i>	NC		<i>vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML</i>	NP	
<i>nitazoxanide TABS</i>	NP		<i>vancomycin hcl SOLR IV 1 GM, 1000 MG</i>	C	QL(14 ea per fill retail)
Carbapenems			<i>vancomycin hcl SOLR IV 1.25 GM, 1.5 GM, 5 GM, 10 GM, 750 MG</i>	NC	
<i>imipenem-cilastatin IV</i>	NC		<i>vancomycin hcl SOLR IV 500 MG</i>	C	QL(14 ea per 31 day(s) retail)
<i>meropenem</i>	NC		VANCOMYCIN HYDROCHLORIDE/DEXT ROSE 1.5 GM/300ML-5 %	NC	
			VANCOMYCIN HYDROCHLORIDE SOLN IV 1000 MG/200ML, 1500 MG/300ML	NC	

Drug Name	Drug Tier	Requirements/Limits
VANCOMYCIN HYDROCHLORIDE SOLR IV 1.25 GM, 1.5 GM, 5 GM, 10 GM, 750 MG	NC	
VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG	C	QL(14 ea per 31 day(s) retail)
VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM	C	QL(14 ea per fill retail)
Leprostatics		
<i>dapsone</i>	C	
Lincosamides		
CLEOCIN (<i>Use clindamycin hcl</i>)	NC	
CLEOCIN PEDIATRIC GRANULES (<i>Use clindamycin palmitate hydrochloride</i>)	NC	QL(300 ml per fill retail)
CLEOCIN PHOSPHATE SOLN IJ	NC	
<i>clindamycin hcl 150 MG, 300 MG</i>	C	
<i>clindamycin hcl 75 MG</i>	NC	
<i>clindamycin palmitate hydrochloride</i>	C	QL(300 ml per fill retail)
<i>clindamycin phosphate in d5w</i>	NC	
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML</i>	NC	
<i>lincomycin hcl</i>	NC	
Oxazolidinones		
LINEZOLID	NC	
<i>linezolid SOLN</i>	NC	
<i>linezolid SUSR</i>	NC	
<i>linezolid TABS</i>	NC	
SIVEXTRO SOLR	NC	

Drug Name	Drug Tier	Requirements/Limits
SIVEXTRO TABS	NC	QL(6 ea per fill retail)
ZYVOX SOLN	NC	
Pleuromutilins		
XENLETA TABS	NC	SP
Polymyxins		
<i>colistimethate sodium</i>	NC	
COLY-MYCIN M (<i>Use colistimethate sodium</i>)	NC	
<i>polymyxin b sulfate SOLR</i>	NC	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	NC	
MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NC	
MACRODANTIN (<i>Use nitrofurantoin macrocrystal</i>)	NC	
<i>methenamine hippurate</i>	NC	
<i>methenamine mandelate</i>	C	
MONUROL (<i>Use fosfomycin tromethamine</i>)	NC	
<i>nitrofurantoin</i>	C	QL(40 ml daily)
NITROFURANTOIN	NC	QL(40 ml daily)
<i>nitrofurantoin macrocrystal 25 MG</i>	NC	
<i>nitrofurantoin macrocrystal 50 MG, 100 MG</i>	C	
<i>nitrofurantoin monohyd macro</i>	C	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	NC	
COARTEM	C	QL(24 ea per fill retail)
Antimalarials		

Drug Name	Drug Tier	Requirements/Limits
ARAKODA	NC	
ARTESUNATE	NC	
<i>chloroquine phosphate TABS 250 MG</i>	C	
<i>chloroquine phosphate TABS 500 MG</i>	C	QL(1 ea daily)
<i>hydroxychloroquine sulfate 100 MG, 200 MG</i>	C	
<i>hydroxychloroquine sulfate 300 MG, 400 MG</i>	NC	
KRINTAFEL	C	QL(0.67 ea daily)
<i>mefloquine hcl</i>	C	
PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>)	NC	
<i>primaquine phosphate TABS</i>	C	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NC	
<i>quinine sulfate CAPS 324 MG</i>	NC	
SOVUNA 200 MG	C	
SOVUNA 300 MG	NC	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NC	
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NC	
<i>neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML</i>	NC	
NEOSTIGMINE METHYLSULFATE SOLN IV 3 MG/3ML, 5 MG/10ML, 10 MG/10ML	NC	
<i>neostigmine methylsulfate SOSY</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
NEOSTIGMINE METHYLSULFATE SOSY	NC	
<i>pyridostigmine bromide TABS 30 MG</i>	NC	
<i>pyridostigmine bromide TABS 60 MG</i>	C	
<i>pyridostigmine bromide TBCR</i>	C	
REGONOL SOLN IV	NC	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>cycloserine</i>	NC	
<i>ethambutol hcl TABS</i>	C	
<i>isoniazid SOLN</i>	NC	
<i>isoniazid SYRP</i>	C	
<i>isoniazid TABS</i>	C	
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NC	
MYCOBUTIN (<i>Use rifabutin</i>)	NC	
PASER PACK	NC	
PRIFTIN	NC	
<i>pyrazinamide</i>	C	
<i>rifabutin</i>	C	
RIFAMPIN/SYRSPEND SF PH4 SUSP	NC	
<i>rifampin CAPS</i>	C	
<i>rifampin SOLR</i>	NC	
SIRTURO 100 MG	NC	
TRECTOR	C	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
ALKERAN (<i>Use melphalan</i>)	NC	
BICNU (<i>Use carmustine</i>)	NC	
<i>busulfan SOLN</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML</i>	NC	SP	<i>methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML</i>	P	
<i>carmustine</i>	NC		<i>methotrexate sodium SOLR</i>	P	
CARMUSTINE	NC		<i>methotrexate sodium TABS 2.5 MG</i>	NC	
<i>cyclophosphamide CAPS</i>	NC		<i>methotrexate sodium TABS 2.5 MG</i>	P	
<i>cyclophosphamide SOLR IJ</i>	NC	SP	<i>nelarabine</i>	NC	
GLEOSTINE 10 MG, 40 MG, 100 MG	NC		PEMRYDI RTU SOLN	NC	
GLIADEL WAFER	NC		PURIXAN SUSP	C	
HEPZATO/50MM DOUBLE BALLOON CATHETER IA	NC		TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	NP	
HEPZATO/62MM DOUBLE BALLOON CATHETER IA	NC		XATMEP SOLN	NP	
IFEX SOLR	NC		Antineoplastic - Angiogenesis Inhibitors		
<i>ifosfamide SOLN</i>	NC		MVASI	C	SP; PA
<i>ifosfamide SOLR</i>	NC		ZIRABEV	C	SP; PA
IFOSFAMIDE SOLR	NC		Antineoplastic - Antibodies		
LEUKERAN	C		BLENREP	NC	SP
<i>melphalan</i>	C		DANYELZA	NC	
MYLERAN TABS	C		ENHERTU	C	SP; PA
<i>oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML</i>	NC		KIMMTRAK	NC	SP
<i>oxaliplatin SOLR</i>	NC		MONJUVI	NC	SP
ZANOSAR	NC		OPDIVO	NC	SP
ZEPZELCA	NC	SP	PADCEV	C	SP; PA
Antimetabolites			POLIVY	NC	SP
<i>clofarabine</i>	NC		RITUXAN	NC	SP
<i>floxuridine</i>	NC		RUXIENCE	C	SP; PA
<i>fluorouracil</i>	NC		RYBREVANT	NC	SP
<i>gemcitabine hcl SOLN</i>	NC		SARCLISA	NC	SP
<i>gemcitabine hcl SOLR</i>	NC		TRUXIMA	C	SP; PA
INFUGEM	NC		UNITUXIN	NC	SP
<i>mercaptopurine TABS</i>	C		Antineoplastic - Anti-HER2 Agents		
			HERCEPTIN 150 MG	NC	SP
			HERZUMA	NC	SP

Drug Name	Drug Tier	Requirements/Limits
KANJINTI	C	SP; PA
MARGENZA	NC	SP
OGIVRI	C	SP; PA
ONTRUZANT	NC	SP
TRAZIMERA 420 MG	C	SP; PA
TRAZIMERA 150 MG	NC	SP
Antineoplastic - Cellular Immunotherapy		
OMISIRGE	NC	
PROVENGE	NC	SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	C	SP; PA
<i>anastrozole</i>	C	
ARIMIDEX (Use <i>anastrozole</i>)	NC	
AROMASIN (Use <i>exemestane</i>)	NC	
<i>bicalutamide</i>	C	QL(1 ea daily)
CASODEX (Use <i>bicalutamide</i>)	NC	QL(1 ea daily)
ERLEADA	NC	SP
EULEXIN	C	
<i>exemestane</i>	C	
FARESTON (Use <i>toremifene citrate</i>)	NC	PA
FEMARA (Use <i>letrozole</i>)	NC	
<i>flutamide</i>	C	
<i>fulvestrant SOSY</i>	NC	
<i>letrozole</i>	C	
LEUPROLIDE ACETATE INJ	NC	
<i>megestrol acetate SUSP</i>	P	
<i>megestrol acetate SUSP 40 MG/ML</i>	NC	
<i>megestrol acetate TABS</i>	C	
<i>nilutamide</i>	NC	
NUBEQA	NC	SP
SOLTAMOX SOLN	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>tamoxifen citrate TABS</i>	C	
<i>toremifene citrate</i>	C	PA
ZYTIGA (Use <i>abiraterone acetate</i>)	NC	SP; PA
Antineoplastic - Hypoxia-Inducible Factor Inhibitors		
WELIREG	NC	SP
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	NC	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO 60 MG TWICE WEEKLY	NC	SP
XPOVIO 80 MG TWICE WEEKLY	NC	SP
Antineoplastic Antibiotics		
<i>bleomycin sulfate</i>	NC	
COSMEGEN (Use <i>dactinomycin</i>)	NC	
<i>dactinomycin</i>	NC	
<i>doxorubicin hcl liposomal</i>	NC	
<i>doxorubicin hcl SOLN</i>	NC	
<i>doxorubicin hcl SOLR 10 MG, 50 MG</i>	NC	
<i>idarubicin hcl</i>	NC	
<i>mitomycin SOLR IV</i>	NC	
Antineoplastic Combinations		
HERCEPTIN HYLECTA	NC	SP
INQOVI	NC	SP
PHESGO	C	SP; PA
RITUXAN HYCELA	NC	SP
Antineoplastic Enzyme Inhibitors		
BRAFTOVI 75 MG	C	SP; PA
BRUKINSA	NC	SP
GAVRETO	NC	SP
IBRANCE CAPS	C	SP; PA
IBRANCE TABS	C	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ICLUSIG	C	QL(1 ea daily); SP; PA
INREBIC	C	SP; PA
LUMAKRAS	NC	SP
MEKTOVI	C	SP; PA
ROZLYTREK CAPS	C	SP; PA
TALZENNA	NC	SP
TAZVERIK	NC	SP
TEPMETKO	NC	SP
TRUSELTIQ	NC	SP
TURALIO	NC	SP
Antineoplastic Enzymes		
ASPARLAS	C	SP; PA
RYLAZE	NC	SP
Antineoplastic Radiopharmaceuticals		
STRONTIUM CHLORIDE SR-89	NC	
XOFIGO	NC	
Antineoplastics Misc.		
<i>dacarbazine SOLR</i>	NC	
ELZONRIS	NC	
HYDREA (<i>Use hydroxyurea</i>)	NC	
<i>hydroxyurea</i>	C	
NIPENT	NC	
TICE BCG	NC	
UVADEX	NC	
Chemotherapy Adjuncts		
ELITEK	NC	
Chemotherapy Rescue/Antidote/Protective Agents		
COSELA	NC	
ETHYOL	NC	
<i>leucovorin calcium SOLN IJ 500 MG/50ML</i>	NC	
<i>leucovorin calcium SOLR</i>	NC	
<i>leucovorin calcium TABS</i>	C	

Drug Name	Drug Tier	Requirements/Limits
PEDMARK	NC	
Mitotic Inhibitors		
ETOPOPHOS	NC	
<i>paclitaxel</i>	NC	
<i>vinblastine sulfate SOLN</i>	NC	
<i>vinorelbine tartrate</i>	NC	
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Adjunctive Therapy		
<i>carbidopa</i>	C	
LODOSYN (<i>Use carbidopa</i>)	NC	
Antiparkinson Anticholinergics		
<i>benztropine mesylate SOLN</i>	NC	
<i>benztropine mesylate TABS</i>	C	
<i>trihexyphenidyl hcl SOLN</i>	C	QL(16.67 ml daily)
<i>trihexyphenidyl hcl TABS</i>	C	
Antiparkinson COMT Inhibitors		
COMTAN (<i>Use entacapone</i>)	NC	
<i>entacapone</i>	NC	
ONGENTYS	NC	
<i>tolcapone</i>	NC	
Antiparkinson Dopaminergics		
<i>amantadine hcl CAPS</i>	C	
<i>amantadine hcl SOLN</i>	C	
<i>amantadine hcl TABS</i>	NC	
<i>bromocriptine mesylate CAPS</i>	C	
<i>bromocriptine mesylate TABS 2.5 MG</i>	C	
<i>carbidopa-levodopa-entacapone</i>	NC	
<i>carbidopa-levodopa TABS</i>	C	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>carbidopa-levodopa TBCR</i>	C		<i>ropinirole hydrochloride TB24</i>	NP	
<i>carbidopa-levodopa TBDP</i>	NC		<i>ropinirole hydrochloride TB24</i>	NC	
DHIVY TABS	C		RYTARY CPCR	NC	
DUOPA SUSP	NC		SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use <i>carbidopa-levodopa</i>)	NC	
INBRIJA CAPS	NC		STALEVO 100 (Use <i>carbidopa-levodopa-entacapone</i>)	NC	
MIRAPEX ER TB24 (Use <i>pramipexole dihydrochloride</i>)	NP		STALEVO 125 (Use <i>carbidopa-levodopa-entacapone</i>)	NC	
NEUPRO	NP		STALEVO 200 (Use <i>carbidopa-levodopa-entacapone</i>)	NC	
OSMOLEX ER TB24 129 MG, 193 MG	NC		STALEVO 50 (Use <i>carbidopa-levodopa-entacapone</i>)	NC	
OSMOLEX ER TB24 129 MG, 193 MG	NP		STALEVO 75 (Use <i>carbidopa-levodopa-entacapone</i>)	NC	
PARLODEL CAPS (Use <i>bromocriptine mesylate</i>)	NC		Antiparkinson Monoamine Oxidase Inhibitors		
PARLODEL TABS (Use <i>bromocriptine mesylate</i>)	NC		<i>rasagiline mesylate</i>	NC	
<i>pramipexole dihydrochloride TABS 0.75 MG, 1 MG, 1.5 MG</i>	NC	QL(3 ea daily); AL(At least 18 yrs old)	<i>selegiline hcl CAPS</i>	C	
<i>pramipexole dihydrochloride TABS</i>	P	QL(3 ea daily); AL(At least 18 yrs old)	<i>selegiline hcl TABS</i>	C	
<i>pramipexole dihydrochloride TB24</i>	NP		ZELAPAR TBDP	NC	
<i>pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 3 MG, 3.75 MG</i>	NC		ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 ea daily)	Antimanic Agents		
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 ea daily)	<i>lithium</i>	C	QL(10 ml daily)
<i>ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG</i>	NC	QL(6 ea daily)	<i>lithium carbonate CAPS</i>	C	
<i>ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG</i>	NC	QL(3 ea daily)	LITHIUM CARBONATE POWD	C	
			<i>lithium carbonate TABS</i>	C	
			<i>lithium carbonate TBCR</i>	C	
			LITHOBID TBCR (Use <i>lithium carbonate</i>)	NC	
			Antipsychotics - Misc.		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAPLYTA 10.5 MG, 21 MG	NP		INVEGA SUSTENNA 234 MG/1.5ML	P	QL(3 ml per 28 day(s) retail); SP
EQUETRO	NP		INVEGA SUSTENNA 39 MG/0.25ML	P	QL(0.25 ml per 28 day(s) retail); SP
GEODON 60 MG, 80 MG (Use ziprasidone hcl)	NC	QL(2 ea daily); AL(At least 18 yrs old)	INVEGA SUSTENNA 78 MG/0.5ML	P	QL(0.5 ml per 28 day(s) retail); SP
GEODON (Use ziprasidone hcl)	NP	QL(2 ea daily); AL(At least 18 yrs old)	INVEGA SUSTENNA 117 MG/0.75ML	P	QL(1.5 ml per 28 day(s) retail); SP
GEODON (Use ziprasidone mesylate)	NC		INVEGA TRINZA 410 MG/1.32ML	P	QL(1.4 ml per fill retail); 1 max fill(s) per 84 day(s) retail; SP
GEODON 40 MG (Use ziprasidone hcl)	NP		INVEGA TRINZA 546 MG/1.75ML	P	QL(1.8 ml per fill retail); 1 max fill(s) per 84 day(s) retail; SP
LATUDA (Use lurasidone hcl)	NP		INVEGA TRINZA 819 MG/2.63ML	P	QL(2.7 ml per fill retail); 1 max fill(s) per 84 day(s) retail; SP
<i>lurasidone hcl</i>	P		INVEGA TRINZA 273 MG/0.88ML	P	QL(0.88 ml per fill retail); 1 max fill(s) per 84 day(s) retail; SP
<i>lurasidone hcl</i>	P		<i>paliperidone</i>	NC	
NUPLAZID CAPS	NP	QL(1 ea daily)	<i>paliperidone</i>	NP	
NUPLAZID TABS 10 MG	NP	QL(1 ea daily)	PERSERIS PRSY	P	QL(1 ea per 28 day(s) retail); SP
VRAYLAR CAPS	P		RISPERDAL CONSTA (Use risperidone microspheres)	P	2 max fill(s) per 28 day(s) retail; SP
VRAYLAR CPPK	P		RISPERDAL SOLN (Use risperidone)	NP	QL(4 ml daily); AL(At least 5 yrs old)
<i>ziprasidone hcl 40 MG</i>	NP		RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NP	QL(4 ea daily); AL(At least 5 yrs old)
<i>ziprasidone hcl 40 MG</i>	P				
<i>ziprasidone hcl 20 MG, 60 MG, 80 MG</i>	P	QL(2 ea daily); AL(At least 18 yrs old)			
<i>ziprasidone hcl 40 MG</i>	NC				
<i>ziprasidone hcl 20 MG, 60 MG, 80 MG</i>	NC	QL(2 ea daily); AL(At least 18 yrs old)			
<i>ziprasidone mesylate</i>	NP				
Benzisoxazoles					
FANAPT	NP				
FANAPT TITRATION PACK	NP				
INVEGA (Use paliperidone)	NP				
INVEGA HAFYERA	P	SP			
INVEGA SUSTENNA 156 MG/ML	P	QL(2 ml per 28 day(s) retail); SP			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>risperidone microspheres</i>	NC	2 max fill(s) per 28 day(s) retail; SP	<i>clozapine TABS 25 MG, 50 MG, 200 MG</i>	P	QL(3 ea daily); AL(At least 18 yrs old)
<i>risperidone SOLN</i>	NC		<i>clozapine TABS 100 MG</i>	NC	QL(9 ea daily); AL(At least 18 yrs old)
<i>risperidone SOLN</i>	P		<i>clozapine TABS 100 MG</i>	P	QL(9 ea daily); AL(At least 18 yrs old)
<i>risperidone TABS</i>	P	QL(4 ea daily); AL(At least 5 yrs old)	<i>clozapine TBDP</i>	NP	
<i>risperidone TABS</i>	NC	QL(4 ea daily); AL(At least 5 yrs old)	<i>clozapine TBDP</i>	NP	
<i>risperidone TBDP 0.5 MG, 1 MG, 3 MG, 4 MG</i>	NC	QL(2 ea daily); AL(At least 5 yrs old)	CLOZARIL TABS 25 MG, 50 MG, 200 MG (Use <i>clozapine</i>)	NP	QL(3 ea daily); AL(At least 18 yrs old)
<i>risperidone TBDP</i>	P	QL(2 ea daily); AL(At least 5 yrs old)	CLOZARIL TABS 100 MG (Use <i>clozapine</i>)	NP	QL(9 ea daily); AL(At least 18 yrs old)
RYKINDO SRER	NP		<i>loxapine succinate</i>	C	QL(4 ea daily)
Butyrophenones			<i>olanzapine SOLR</i>	NC	
HALDOL DECANOATE 100 (Use <i>haloperidol decanoate</i>)	NC		<i>olanzapine TABS</i>	P	
HALDOL DECANOATE 50 (Use <i>haloperidol decanoate</i>)	NC		<i>olanzapine TABS</i>	NC	
<i>haloperidol decanoate</i>	C		<i>olanzapine TBDP</i>	NP	
<i>haloperidol lactate CONC</i>	C		<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(4 ea daily); AL(At least 10 yrs old)
<i>haloperidol lactate SOLN</i>	NC		<i>quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	NC	QL(4 ea daily); AL(At least 10 yrs old)
<i>haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG</i>	C	QL(3 ea daily)	<i>quetiapine fumarate TABS 150 MG</i>	P	
<i>haloperidol TABS 20 MG</i>	C		<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	P	QL(2 ea daily); AL(At least 10 yrs old)
Dibenzapines			<i>quetiapine fumarate TABS 300 MG, 400 MG</i>	NC	QL(2 ea daily); AL(At least 10 yrs old)
ADASUVE	NP		<i>quetiapine fumarate TB24</i>	P	
ADASUVE	NC		<i>quetiapine fumarate TB24</i>	P	
<i>asenapine maleate</i>	NP		<i>quetiapine fumarate TB24</i>	NC	
<i>asenapine maleate 2.5 MG, 10 MG</i>	NC		<i>quetiapine fumarate TB24</i>	NC	
<i>clozapine TABS 25 MG, 50 MG, 200 MG</i>	NC	QL(3 ea daily); AL(At least 18 yrs old)	SAPHRIS (Use <i>asenapine maleate</i>)	P	
			SAPHRIS 5 MG, 10 MG (Use <i>asenapine maleate</i>)	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAPHRIS	P		<i>perphenazine TABS</i>	C	QL(4 ea daily)
SEROQUEL XR TB24 (Use <i>quetiapine fumarate</i>)	NP		<i>prochlorperazine</i>	NP	
SEROQUEL TABS 300 MG, 400 MG (Use <i>quetiapine fumarate</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old)	<i>prochlorperazine</i>	P	
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use <i>quetiapine fumarate</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old)	<i>prochlorperazine edisylate 10 MG/2ML</i>	NC	
VERSACLOZ SUSP	NP		<i>prochlorperazine maleate TABS 10 MG</i>	NC	
ZYPREXA ZYDIS TBDP (Use <i>olanzapine</i>)	NP		<i>prochlorperazine maleate TABS</i>	P	
ZYPREXA ZYDIS TBDP (Use <i>olanzapine</i>)	NP		<i>thioridazine hcl</i>	C	QL(3 ea daily)
ZYPREXA SOLR (Use <i>olanzapine</i>)	NP		<i>trifluoperazine hcl TABS</i>	C	QL(2 ea daily)
ZYPREXA TABS 15 MG, 20 MG (Use <i>olanzapine</i>)	NP	QL(1 ea daily); AL(At least 10 yrs old)	Quinolinone Derivatives		
ZYPREXA TABS 2.5 MG, 5 MG (Use <i>olanzapine</i>)	NP	QL(4 ea daily); AL(At least 10 yrs old)	ABILIFY MAINTENA PRSY	P	QL(1 ea per 28 day(s) retail); SP
ZYPREXA TABS 7.5 MG, 10 MG (Use <i>olanzapine</i>)	NP	QL(2 ea daily); AL(At least 10 yrs old)	ABILIFY MAINTENA SRER	P	QL(1 ea per 28 day(s) retail); SP
Dihydroindolones			ABILIFY TABS (Use <i>aripiprazole</i>)	NP	QL(1 ea daily); AL(At least 6 yrs old)
<i>molindone hcl</i>	NC		<i>aripiprazole SOLN OR</i>	NP	
Phenothiazines			<i>aripiprazole TABS</i>	P	QL(1 ea daily); AL(At least 6 yrs old)
<i>chlorpromazine hcl CONC 30 MG/ML</i>	NC		<i>aripiprazole TABS</i>	NC	QL(1 ea daily); AL(At least 6 yrs old)
<i>chlorpromazine hcl SOLN</i>	NC		<i>aripiprazole TBDP</i>	NC	QL(1 ea daily); AL(At least 6 yrs old)
<i>chlorpromazine hcl TABS 25 MG, 50 MG, 100 MG, 200 MG</i>	C	QL(3 ea daily)	<i>aripiprazole TBDP</i>	NP	QL(1 ea daily); AL(At least 6 yrs old)
<i>chlorpromazine hcl TABS 10 MG</i>	C	QL(10 ea daily)	ARISTADA 1064 MG/3.9ML	P	QL(4 ml per fill retail); 1 max fill(s) per 56 day(s) retail; SP
<i>fluphenazine decanoate</i>	C		ARISTADA 662 MG/2.4ML	P	QL(2.4 ml per 28 day(s) retail); SP
<i>fluphenazine hcl CONC</i>	NC		ARISTADA 882 MG/3.2ML	NC	QL(3.2 ml per 28 day(s) retail); SP
<i>fluphenazine hcl ELIX</i>	NC				
<i>fluphenazine hcl SOLN</i>	NC				
<i>fluphenazine hcl TABS</i>	C				

Drug Name	Drug Tier	Requirements/Limits
ARISTADA 441 MG/1.6ML	P	QL(1.6 ml per 28 day(s) retail); SP
ARISTADA 1064 MG/3.9ML	NC	QL(4 ml per fill retail); 1 max fill(s) per 56 day(s) retail; SP
ARISTADA 662 MG/2.4ML	NC	QL(2.4 ml per 28 day(s) retail); SP
ARISTADA 441 MG/1.6ML	NC	QL(1.6 ml per 28 day(s) retail); SP
ARISTADA 882 MG/3.2ML	P	QL(3.2 ml per 28 day(s) retail); SP
ARISTADA INITIO	P	QL(2.5 ml per fill retail); 1 max fill(s) per 180 day(s) retail; SP
REXULTI	NP	
Thioxanthenes		
<i>thiothixene</i>	C	QL(3 ea daily)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	C	QL(90 ml per fill retail)
GLUTARALDEHYDE SOLN 25 %	NC	
<i>hydrogen peroxide SOLN XX 30 %</i>	NC	
Chlorine Antiseptics		
BENZALKONIUM CHLORIDE SOLN	NC	
CHLORHEXIDINE GLUCONATE SOLN XX	NC	
Iodine Antiseptics		
LUGOLS STRONG IODINE SOLN	NC	
ANTIVIRALS - Drugs to Treat Viral Infections		

Drug Name	Drug Tier	Requirements/Limits
Antiretrovirals		
<i>abacavir sulfate-lamivudine</i>	C	QL(1 ea daily)
<i>abacavir sulfate SOLN</i>	C	QL(30 ml daily)
<i>abacavir sulfate TABS</i>	C	QL(2 ea daily)
APRETUDE	NC	
APTIVUS CAPS	C	QL(4 ea daily)
<i>atazanavir sulfate CAPS 150 MG, 200 MG</i>	C	QL(2 ea daily)
<i>atazanavir sulfate CAPS 300 MG</i>	C	
BIKTARVY	C	QL(1 ea daily)
CABENUVA	NC	
CIMDUO	C	QL(1 ea daily)
COMBIVIR (<i>Use lamivudine-zidovudine</i>)	NC	
COMPLERA	C	QL(1 ea daily)
<i>darunavir TABS 800 MG</i>	C	QL(1 ea daily)
<i>darunavir TABS 600 MG</i>	C	QL(2 ea daily)
DELSTRIGO	C	QL(1 ea daily)
DESCOVY	NC	QL(1 ea daily)
DOVATO	C	QL(1 ea daily)
EDURANT	C	QL(1 ea daily)
<i>efavirenz CAPS 200 MG</i>	C	QL(1 ea daily)
<i>efavirenz CAPS 50 MG</i>	C	QL(2 ea daily)
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	C	QL(1 ea daily)
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate</i>	C	QL(1 ea daily)
<i>efavirenz TABS</i>	C	QL(1 ea daily)
<i>emtricitabine CAPS</i>	C	QL(1 ea daily)
<i>emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	NC	
<i>emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG</i>	C	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMTRIVA CAPS (<i>Use emtricitabine</i>)	NC	QL(1 ea daily)	LEXIVA SUSP	C	QL(56 ml daily)
EMTRIVA SOLN	C	QL(24 ml daily)	LEXIVA TABS (<i>Use fosamprenavir calcium</i>)	NC	QL(4 ea daily)
EPIVIR SOLN (<i>Use lamivudine</i>)	NC	QL(30 ml daily)	<i>lopinavir-ritonavir SOLN</i>	C	QL(16 ml daily)
EPIVIR TABS 150 MG (<i>Use lamivudine</i>)	NC	QL(2 ea daily)	<i>lopinavir-ritonavir TABS 50 MG-200 MG</i>	C	QL(6 ea daily)
EPIVIR TABS 300 MG (<i>Use lamivudine</i>)	NC	QL(1 ea daily)	<i>lopinavir-ritonavir TABS 25 MG-100 MG</i>	C	QL(4 ea daily)
EPZICOM (<i>Use abacavir sulfate-lamivudine</i>)	NC	QL(1 ea daily)	<i>maraviroc TABS 150 MG</i>	C	QL(2 ea daily)
<i>etravirine 200 MG</i>	C	QL(2 ea daily)	<i>maraviroc TABS 300 MG</i>	C	QL(4 ea daily)
<i>etravirine 100 MG</i>	C	QL(4 ea daily)	<i>nevirapine SUSP</i>	C	QL(40 ml daily)
EVOTAZ	C	QL(1 ea daily)	<i>nevirapine TABS</i>	C	QL(2 ea daily)
<i>fosamprenavir calcium TABS</i>	C	QL(4 ea daily)	<i>nevirapine TB24 400 MG</i>	C	QL(1 ea daily)
GENVOYA	C	QL(1 ea daily)	<i>nevirapine TB24 100 MG</i>	C	QL(3 ea daily)
INTELENCE 25 MG	C	QL(4 ea daily)	NORVIR PACK	NC	
INTELENCE 200 MG (<i>Use etravirine</i>)	NC	QL(2 ea daily)	NORVIR SOLN	C	QL(15 ml daily)
INTELENCE 100 MG (<i>Use etravirine</i>)	NC	QL(4 ea daily)	NORVIR TABS (<i>Use ritonavir</i>)	NC	QL(12 ea daily)
ISENTRESS CHEW 100 MG	C	QL(6 ea daily)	ODEFSEY	C	
ISENTRESS CHEW 25 MG	C	QL(12 ea daily)	PIFELTRO	C	QL(1 ea daily)
ISENTRESS PACK	C	QL(2 ea daily)	PREZCOBIX	C	QL(1 ea daily)
ISENTRESS TABS	C	QL(2 ea daily)	PREZISTA SUSP	C	QL(12 ml daily)
JULUCA	C	QL(1 ea daily)	PREZISTA TABS 800 MG (<i>Use darunavir</i>)	NC	QL(1 ea daily)
KALETRA SOLN (<i>Use lopinavir-ritonavir</i>)	NC	QL(16 ml daily)	PREZISTA TABS 75 MG	C	QL(2 ea daily)
KALETRA TABS 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	NC	QL(4 ea daily)	PREZISTA TABS 600 MG (<i>Use darunavir</i>)	NC	QL(2 ea daily)
KALETRA TABS 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	NC	QL(6 ea daily)	PREZISTA TABS 150 MG	C	QL(3 ea daily)
<i>lamivudine SOLN</i>	C	QL(30 ml daily)	RETROVIR IV INFUSION SOLN	NC	
<i>lamivudine TABS 150 MG</i>	C	QL(2 ea daily)	RETROVIR CAPS (<i>Use zidovudine</i>)	NC	QL(6 ea daily)
<i>lamivudine TABS 300 MG</i>	C	QL(1 ea daily)	RETROVIR SYRP (<i>Use zidovudine</i>)	NC	QL(60 ml daily)
<i>lamivudine-zidovudine</i>	NC		REYATAZ CAPS 300 MG (<i>Use atazanavir sulfate</i>)	NC	
			REYATAZ CAPS 200 MG (<i>Use atazanavir sulfate</i>)	NC	QL(2 ea daily)
			REYATAZ PACK	C	QL(6 ea daily)
			<i>ritonavir TABS</i>	C	QL(12 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RUKOBIA	NC		VIRACEPT TABS 625 MG	C	QL(4 ea daily)
SELZENTRY SOLN	C	QL(35 ml daily)	VIREAD POWD	C	QL(8 gm daily)
SELZENTRY TABS 150 MG (Use maraviroc)	NC	QL(2 ea daily)	VIREAD TABS (Use tenofovir disoproxil fumarate)	NC	QL(1 ea daily)
SELZENTRY TABS 25 MG, 75 MG	NC		VIREAD TABS 150 MG, 200 MG, 250 MG	C	QL(1 ea daily)
SELZENTRY TABS 300 MG (Use maraviroc)	NC	QL(4 ea daily)	VOCABRIA	NC	
stavudine CAPS	C	QL(2 ea daily)	ZIAGEN SOLN (Use abacavir sulfate)	NC	QL(30 ml daily)
STRIBILD	C	QL(1 ea daily)	ZIAGEN TABS (Use abacavir sulfate)	NC	QL(2 ea daily)
SUSTIVA CAPS 200 MG (Use efavirenz)	NC	QL(1 ea daily)	zidovudine CAPS	C	QL(6 ea daily)
SUSTIVA CAPS 50 MG (Use efavirenz)	NC	QL(2 ea daily)	zidovudine SYRP	C	QL(60 ml daily)
SUSTIVA TABS (Use efavirenz)	NC	QL(1 ea daily)	zidovudine TABS	C	QL(2 ea daily)
SYMFI (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NC	QL(1 ea daily)	Antiviral Combinations		
SYMFI LO (Use efavirenz-lamivudine-tenofovir disoproxil fumarate)	NC	QL(1 ea daily)	ACYCLOVIX	NC	
SYMTUZA	NC		PAXLOVID 100 MG-150 MG	C	
tenofovir disoproxil fumarate TABS	C	QL(1 ea daily)	CMV Agents		
TIVICAY TABS 50 MG	C		cidofovir	NC	
TIVICAY TABS 10 MG, 25 MG	NC		foscarnet sodium 6000 MG/250ML	NC	
TRIUMEQ PD TBSO	NC		ganciclovir sodium SOLR	NC	
TRIUMEQ TABS	C	QL(1 ea daily); AL(At least 18 yrs old)	GANCICLOVIR SOLN	NC	
TRIZIVIR	C	QL(2 ea daily)	VALCYTE TABS (Use valganciclovir hcl)	NC	QL(2 ea daily)
TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	NC	QL(1 ea daily)	valganciclovir hcl SOLR	NC	
TYBOST	C	QL(1 ea daily); AL(At least 18 yrs old)	valganciclovir hcl TABS	C	QL(2 ea daily)
VIRACEPT TABS 250 MG	C	QL(9 ea daily)	Hepatitis Agents		
			adefovir dipivoxil	NP	
			BARACLUDE SOLN	P	
			BARACLUDE TABS (Use entecavir)	NP	
			entecavir TABS	P	
			entecavir TABS	NC	
			EPCLUSA TABS 50 MG-200 MG	P	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPIVIR HBV SOLN	NC		SITAVIG TABS BU	NP	
EPIVIR HBV TABS (Use lamivudine (hbv))	NC		SITAVIG TABS BU	NP	
HARVONI PACK	NP	SP	valacyclovir hcl 1 GM, 500 MG	NC	
HARVONI TABS	NP	SP	valacyclovir hcl	P	
HEPSERA (Use adefovir dipivoxil)	NP		VALTREX 500 MG (Use valacyclovir hcl)	NP	QL(2 ea daily)
lamivudine (hbv) TABS	P		VALTREX 1 GM (Use valacyclovir hcl)	NP	QL(42 ea per 21 day(s) retail)
LEDIPASVIR/SOFOSBUVIR TABS	NP		VALTREX (Use valacyclovir hcl)	NP	
MAVYRET PACK	P	QL(6 ea daily); SP	ZOVIRAX SUSP (Use acyclovir)	NC	QL(400 ml per 31 day(s) retail)
MAVYRET TABS	P	QL(3 ea daily); SP	Influenza Agents		
PEGASYS SOSY	NP	SP	oseltamivir phosphate CAPS 30 MG	C	QL(20 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
ribavirin (hepatitis c) CAPS	NP		oseltamivir phosphate CAPS 45 MG, 75 MG	C	QL(10 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
SOFOSBUVIR/VELPATA SVIR TABS	PA	QL(1 ea daily); SP; PA	oseltamivir phosphate SUSR	C	QL(120 ml per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
SOVALDI PACK	NP	SP	RAPIVAB	NC	
SOVALDI TABS	NP	SP	RELENZA DISKHALER	C	1 package(s) per 31 day(s) retail; AL(At least 5 yrs old)
VEMLIDY	NP	SP	rimantadine hydrochloride TABS	NC	
ZEPATIER	NP		TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	NC	QL(20 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
Herpes Agents			TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	NC	QL(10 ea per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
acyclovir sodium SOLN	NC		famciclovir	NP	
acyclovir CAPS	P	QL(50 ea per 31 day(s) retail)			
acyclovir CAPS	NC	QL(50 ea per 31 day(s) retail)			
acyclovir SUSP	P	QL(400 ml per 31 day(s) retail)			
acyclovir SUSP	NC	QL(400 ml per 31 day(s) retail)			
acyclovir TABS OR 400 MG	P	QL(3 ea daily)			
acyclovir TABS OR 800 MG	P	QL(50 ea per 31 day(s) retail)			
acyclovir TABS OR 800 MG	NC	QL(50 ea per 31 day(s) retail)			
acyclovir TABS OR 400 MG	NC	QL(3 ea daily)			

Drug Name	Drug Tier	Requirements/Limits
TAMIFLU SUSR (<i>Use oseltamivir phosphate</i>)	NC	QL(120 ml per 31 day(s) retail); 1 max fill(s) per 180 day(s) retail
XOFLUZA	NC	
Misc. Antivirals		
LAGEVRIO	NC	
PEMGARDA	NC	
TEMBEXA SUSP	NC	
TEMBEXA TABS	NC	
TPOXX CAPS	NC	
TPOXX SOLN	NC	
Respiratory Syncytial Virus (RSV) Agents		
<i>ribavirin</i>	NC	
BETA BLOCKERS - Drugs to Treat High Blood Pressure		
Alpha-Beta Blockers		
<i>carvedilol</i>	P	
<i>carvedilol</i>	NC	
<i>carvedilol phosphate 10 MG, 80 MG</i>	NC	QL(1 ea daily)
<i>carvedilol phosphate</i>	NP	QL(1 ea daily)
COREG 25 MG (<i>Use carvedilol</i>)	NP	QL(4 ea daily)
COREG 3.125 MG, 6.25 MG, 12.5 MG (<i>Use carvedilol</i>)	NP	QL(2 ea daily)
COREG (<i>Use carvedilol</i>)	NP	
COREG (<i>Use carvedilol</i>)	NC	
COREG CR (<i>Use carvedilol phosphate</i>)	NP	QL(1 ea daily)
COREG CR (<i>Use carvedilol phosphate</i>)	NC	QL(1 ea daily)
<i>labetalol hcl SOLN</i>	NC	
<i>labetalol hcl TABS 200 MG</i>	P	QL(6 ea daily)
<i>labetalol hcl TABS 200 MG</i>	NC	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>labetalol hcl TABS 100 MG</i>	P	QL(3 ea daily)
<i>labetalol hcl TABS 100 MG</i>	NC	QL(3 ea daily)
<i>labetalol hcl TABS 300 MG</i>	NC	QL(8 ea daily)
<i>labetalol hcl TABS 300 MG</i>	P	QL(8 ea daily)
LABETALOL HYDROCHLORIDE/DEXT ROSE 5 %-200 MG/200ML	NC	
LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML	NC	
LABETALOL HYDROCHLORIDE SOLN	NC	
LABETALOL HYDROCHLORIDE SOSY 10 MG/2ML, 20 MG/4ML	NC	
Beta Blockers Cardio-Selective		
<i>acebutolol hcl CAPS</i>	P	
<i>acebutolol hcl CAPS</i>	NC	
ATENOLOL/SYRSPEND SF PH4 SUSP	NC	
<i>atenolol TABS</i>	P	QL(2 ea daily)
<i>atenolol TABS 50 MG</i>	NC	QL(2 ea daily)
<i>betaxolol hcl</i>	NC	
<i>betaxolol hcl</i>	NP	
<i>bisoprolol fumarate</i>	NC	QL(1 ea daily)
<i>bisoprolol fumarate</i>	P	QL(1 ea daily)
BYSTOLIC 2.5 MG, 5 MG (<i>Use nebivolol hcl</i>)	NC	
BYSTOLIC (<i>Use nebivolol hcl</i>)	NP	
BYSTOLIC (<i>Use nebivolol hcl</i>)	NP	
<i>esmolol hcl-sodium chloride</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>esmolol hcl SOLN 100 MG/10ML</i>	NC		<i>metoprolol tartrate TABS 37.5 MG, 50 MG, 75 MG</i>	P	
ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN	NC		<i>nebivolol hcl</i>	NC	
ESMOLOL HYDROCHLORIDE INWATER SOLN	NC		<i>nebivolol hcl</i>	NP	
ESMOLOL HYDROCHLORIDE SOSY	NC		<i>nebivolol hcl</i>	NP	
KAPSPARGO SPRINKLE CS24	NP		<i>nebivolol hcl</i>	NC	
LOPRESSOR TABS 50 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4 ea daily)	TENORMIN TABS (<i>Use atenolol</i>)	NP	QL(2 ea daily)
LOPRESSOR TABS 100 MG (<i>Use metoprolol tartrate</i>)	NP	QL(4.5 ea daily)	TOPROL XL TB24 200 MG (<i>Use metoprolol succinate</i>)	NP	QL(2 ea daily)
<i>metoprolol succinate TB24 200 MG</i>	P	QL(2 ea daily)	TOPROL XL TB24 25 MG, 50 MG, 100 MG (<i>Use metoprolol succinate</i>)	NP	QL(4 ea daily)
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	P	QL(4 ea daily)	Beta Blockers Non-Selective		
<i>metoprolol succinate TB24 25 MG, 50 MG, 100 MG</i>	NC	QL(4 ea daily)	BETAPACE AF (<i>Use sotalol hcl (afib/afll)</i>)	NP	QL(2 ea daily)
<i>metoprolol succinate TB24 200 MG</i>	NC	QL(2 ea daily)	BETAPACE TABS 80 MG, 120 MG, 160 MG (<i>Use sotalol hcl</i>)	NP	
<i>metoprolol tartrate SOLN IV 5 MG/5ML</i>	NC		CORGARD TABS 20 MG, 40 MG (<i>Use nadolol</i>)	NP	QL(2 ea daily)
<i>metoprolol tartrate TABS 100 MG</i>	P	QL(4.5 ea daily)	CORGARD TABS 80 MG (<i>Use nadolol</i>)	NC	QL(2 ea daily)
<i>metoprolol tartrate TABS 25 MG</i>	P	QL(4 ea daily)	HEMANGEOL SOLN OR	NP	SP
<i>metoprolol tartrate TABS 50 MG</i>	NC		INDERAL LA CP24 (<i>Use propranolol hcl</i>)	NP	QL(2 ea daily)
<i>metoprolol tartrate TABS 100 MG</i>	NC	QL(4.5 ea daily)	INDERAL XL	NP	
<i>metoprolol tartrate TABS 25 MG</i>	NC	QL(4 ea daily)	INNOPRAN XL 80 MG	NC	
<i>metoprolol tartrate TABS 37.5 MG, 50 MG, 75 MG</i>	P		INNOPRAN XL	NP	
			<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	NC	QL(2 ea daily)
			<i>nadolol TABS 20 MG, 40 MG, 80 MG</i>	P	QL(2 ea daily)
			<i>pindolol TABS</i>	NC	
			<i>pindolol TABS</i>	NP	
			<i>propranolol hcl CP24</i>	P	QL(2 ea daily)
			<i>propranolol hcl SOLN IV 1 MG/ML</i>	NC	
			<i>propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>propranolol hcl TABS</i>	P		CARDIZEM CD CP24 240 MG (Use <i>diltiazem hcl coated beads</i>)	NP	QL(2 ea daily)
<i>sotalol hcl (afib/af)</i>	NC	QL(2 ea daily)	CARDIZEM LA TB24 (Use <i>diltiazem hcl</i>)	NP	
<i>sotalol hcl (afib/af)</i>	P	QL(2 ea daily)	CARDIZEM LA TB24 (Use <i>diltiazem hcl</i>)	NP	
<i>sotalol hcl TABS 80 MG, 120 MG, 160 MG</i>	NC		CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use <i>diltiazem hcl</i>)	NP	QL(3 ea daily)
<i>sotalol hcl TABS</i>	P		CONJUPRI (Use <i>levamlodipine maleate</i>)	NC	
SOTALOL HYDROCHLORIDE SOLN IV	NC		<i>diltiazem hcl coated beads CP24 120 MG, 180 MG, 240 MG, 300 MG</i>	NC	
SOTYLIZE SOLN OR	NP		<i>diltiazem hcl coated beads CP24</i>	P	
SOTYLIZE SOLN OR	NP		<i>diltiazem hcl extended release beads</i>	NC	
<i>timolol maleate TABS</i>	NC		<i>diltiazem hcl extended release beads</i>	P	
<i>timolol maleate TABS</i>	NP		<i>diltiazem hcl CP12</i>	P	QL(2 ea daily)
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure			<i>diltiazem hcl CP24 240 MG</i>	P	QL(2 ea daily)
Calcium Channel Blockers			<i>diltiazem hcl CP24 120 MG, 180 MG</i>	P	QL(1 ea daily)
AMLODIPINE BESYLATE/SYRSPEND SF PH4 SUSP	NC		<i>diltiazem hcl SOLN</i>	NC	
<i>amlodipine besylate TABS</i>	NC		DILTIAZEM HCL SOLR	NC	
<i>amlodipine besylate TABS</i>	P		<i>diltiazem hcl TABS</i>	P	QL(3 ea daily)
CALAN SR TBCR 180 MG, 240 MG (Use <i>verapamil hcl</i>)	NC	QL(2 ea daily)	<i>diltiazem hcl TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG</i>	NP	
CALAN SR TBCR 120 MG (Use <i>verapamil hcl</i>)	NP	QL(2 ea daily)	<i>diltiazem hcl TB24</i>	P	
CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML, 4.8 %-20 MG/200ML	NC		DILTIAZEM HYDROCHLORIDE/DEXT ROSE 5 %-125 MG/125ML	NC	
CARDIZEM CD CP24 (Use <i>diltiazem hcl coated beads</i>)	NP		DILTIAZEM HYDROCHLORIDE/SODIUM CHLORIDE 0.9 %-125 MG/125ML	NC	
CARDIZEM CD CP24 (Use <i>diltiazem hcl coated beads</i>)	NP		<i>felodipine</i>	NC	QL(1 ea daily)
CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use <i>diltiazem hcl coated beads</i>)	NP	QL(1 ea daily)	<i>felodipine</i>	P	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>isradipine CAPS</i>	P		TIAZAC 240 MG (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(2 ea daily)
KATERZIA	NP		<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	
<i>levamlodipine maleate</i>	NP		<i>verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG</i>	P	QL(1 ea daily)
<i>nicardipine hcl CAPS</i>	P		<i>verapamil hcl CP24 100 MG, 200 MG, 300 MG</i>	NP	
<i>nicardipine hcl SOLN</i>	NC		<i>verapamil hcl SOLN 2.5 MG/ML</i>	NC	
NICARDIPINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY 0.9%-1 MG/10ML	NC		<i>verapamil hcl TABS</i>	P	QL(3 ea daily)
<i>nifedipine CAPS 20 MG</i>	NP		<i>verapamil hcl TBCR</i>	P	QL(2 ea daily)
<i>nifedipine CAPS</i>	NP	QL(4 ea daily)	VERAPAMIL HYDROCHLORIDE ER CP24 (<i>Use verapamil hcl</i>)	NP	
<i>nifedipine TB24</i>	NC		VERELAN PM CP24 (<i>Use verapamil hcl</i>)	NP	
<i>nifedipine TB24</i>	P		VERELAN CP24 (<i>Use verapamil hcl</i>)	NC	QL(1 ea daily)
<i>nimodipine CAPS</i>	NP		CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>nisoldipine</i>	NP		Cardiac Glycosides		
<i>nisoldipine</i>	NP		<i>digoxin SOLN IJ 0.25 MG/ML</i>	NC	
NORLIQVA SOLN	NP		<i>digoxin SOLN OR 0.05 MG/ML</i>	C	
NORVASC TABS 5 MG, 10 MG (<i>Use amlodipine besylate</i>)	NP		<i>digoxin TABS 0.0625 MG, 62.5 MCG</i>	NC	
NORVASC TABS 10 MG (<i>Use amlodipine besylate</i>)	NC		<i>digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG</i>	C	
NORVASC TABS (<i>Use amlodipine besylate</i>)	NP	QL(1 ea daily)	LANOXIN PEDIATRIC SOLN IJ	NC	
PROCARDIA XL TB24 30 MG, 60 MG (<i>Use nifedipine</i>)	NP		LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (<i>Use digoxin</i>)	NC	
PROCARDIA XL TB24 60 MG (<i>Use nifedipine</i>)	NP	QL(2 ea daily)	Inotropes		
PROCARDIA XL TB24 30 MG, 90 MG (<i>Use nifedipine</i>)	NP	QL(1 ea daily)	<i>dobutamine hcl 12.5 MG/ML, 250 MG/20ML</i>	NC	
SULAR 8.5 MG, 17 MG, 34 MG (<i>Use nisoldipine</i>)	NP				
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(1 ea daily)			
TIAZAC (<i>Use diltiazem hcl extended release beads</i>)	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DOBUTAMINE HCL/D5W	NC		CARDIOPLEGIA MAINTENANCE LOW POTASSIUM	NC	
DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	NC		CARDIOPLEGIA MAINTENANCE LOW TROMETHAMINE/LOW POTASSIUM	NC	
<i>dopamine hcl 40 MG/ML</i>	NC		CARDIOPLEGIA MAINTENANCE PLASMA LYTE/TROMETHAMINE LOW POTASSIUM	NC	
DOPAMINE HYDROCHLORIDE/DEXTROSE	NC		CARDIOPLEGIA REPERFUSATE/LOW POTASSIUM	NC	
DOPAMINE/D5W	NC		<i>cardioplegic soln</i>	NC	
<i>milrinone lactate</i>	NC		CARDIOPLEGIC SOLN	NC	
<i>milrinone lactate in dextrose</i>	NC		MICROPLEGIA MSA/MSG	NC	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions			Cardiovascular Agents Misc. - Combinations		
Cardioplegic Solutions			<i>amlodipine besylate-atorvastatin calcium</i>	NP	
ADENOCAINE SOSY	NC		<i>amlodipine besylate-atorvastatin calcium</i>	NP	
CARDIOPLEGIA DEL NIDO FORMULA SOLN	NC		<i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i>	NC	
CARDIOPLEGIA INDUCTION HIGH POTASSIUM	NC		<i>amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG</i>	NC	
CARDIOPLEGIA INDUCTION HIGH POTASSIUM/LOW DEXTROSE	NC				
CARDIOPLEGIA INDUCTION HIGH POTASSIUM/NON-ENRICHED	NC				
CARDIOPLEGIA INDUCTION PLASMA LYTE/HIGH POTASSIUM SOLN	NC				
CARDIOPLEGIA INDUCTION PLASMA LYTE/TROMETHAMINE HIGH POTASSIUM	NC				
CARDIOPLEGIA MAINTENANCE LOW DEXTROSE/LOW POTASSIUM	NC				

Drug Name	Drug Tier	Requirements/Limits
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NP	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NP	
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-80 MG (Use <i>amlodipine besylate-atorvastatin calcium</i>)	NC	
ENTRESTO	P	
<i>isosorbide dinitrate-hydralazine hcl</i>	NC	
OPSYNVI	NP	
OPSYNVI	NP	
Cardiovascular Anti-inflammatory/Immune Modulators		
LODOCO	NC	
Cardiovascular Sodium-Glucose Co-Transporter 2 Inhibitors		
INPEFA	NP	
INPEFA	NP	
Impotence Agents		
CIALIS 2.5 MG, 5 MG (Use <i>tadalafil</i>)	NC	
<i>tadalafil 2.5 MG, 5 MG</i>	NC	
Peripheral Vasodilators		
<i>isoxsuprine hcl</i>	NC	
<i>papaverine hcl SOLN</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
Prostaglandin Vasodilators		
ORENITRAM TBCR	NP	
Pulmonary Hypertension - Activin Signaling Inhibitor		
WINREVAIR	NC	
Pulmonary Hypertension - Endothelin Receptor Antagonists		
OPSUMIT	NP	
TRACLEER TBSO	NP	
Pulmonary Hypertension - Phosphodiesterase Inhibitors		
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NP	
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NC	
Pulmonary Hypertension - Prostacyclin Receptor Agonist		
UPTRAVI TITRATION PACK TBPK	NP	SP
UPTRAVI SOLR	NC	SP
UPTRAVI TABS 200 MCG	NP	
UPTRAVI TABS	NP	SP
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator		
ADEMPAS	NP	
Septal Agents		
ABLYSINOL	NC	
Sinus Node Inhibitors		
CORLANOR TABS	NC	
Transthyretin Stabilizers		
VYNDAMAX	NC	SP
Vasoactive Soluble Guanylate Cyclase Stimulator		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(sGC)			<i>cefaclor SUSR 125 MG/5ML, 375 MG/5ML</i>	NP	
VERQUVO	NC		<i>cefaclor SUSR 250 MG/5ML</i>	C	
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			<i>cefotetan disodium IJ 1 GM, 2 GM</i>	NC	
Cephalosporin Combinations			<i>cefoxitin sodium IV 1 GM, 2 GM</i>	NC	
AVYCAZ	NC		CEFOXITIN SODIUM	NC	
ZERBAXA	NC		<i>cefprozil SUSR 250 MG/5ML</i>	P	1 package(s) per fill retail; AL(Up to 12 yrs old)
Cephalosporins - 1st Generation			<i>cefprozil SUSR 125 MG/5ML</i>	NC	2 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefadroxil CAPS</i>	NP		<i>cefprozil SUSR 125 MG/5ML</i>	P	2 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefadroxil SUSR</i>	NP		<i>cefprozil SUSR 250 MG/5ML</i>	NC	1 package(s) per fill retail; AL(Up to 12 yrs old)
<i>cefadroxil TABS</i>	NP		<i>cefprozil TABS</i>	NC	QL(20 ea per fill retail)
CEFAZOLIN SODIUM/DEXTROSE SOLR	NC		<i>cefprozil TABS</i>	P	QL(20 ea per fill retail)
CEFAZOLIN SODIUM/SODIUM CHLORIDE SOLN 0.9 %-3 GM/100ML	NC		<i>cefuroxime axetil TABS</i>	P	QL(20 ea per fill retail)
<i>cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG</i>	NC		<i>cefuroxime axetil TABS</i>	NC	QL(20 ea per fill retail)
CEFAZOLIN SODIUM SOLR IV 2 GM	NC		<i>cefuroxime sodium IJ 750 MG</i>	NC	
CEFAZOLIN SODIUM SOSY IJ 3 GM/30ML	NC		Cephalosporins - 3rd Generation		
CEFAZOLIN/SODIUM CHLORIDE SOLN 0.9 %-2 GM/100ML	NC		<i>cefdinir CAPS</i>	P	QL(20 ea per fill retail)
CEFAZOLIN SOLN	NC		<i>cefdinir CAPS</i>	NC	QL(20 ea per fill retail)
CEFAZOLIN SOLR IV	NC		<i>cefdinir SUSR</i>	NC	1 package(s) per fill retail
<i>cephalexin CAPS 250 MG, 500 MG</i>	C		<i>cefdinir SUSR</i>	P	1 package(s) per fill retail
<i>cephalexin CAPS 750 MG</i>	NC		<i>cefixime CAPS</i>	NP	
<i>cephalexin SUSR</i>	C		<i>cefixime SUSR</i>	NP	
<i>cephalexin TABS</i>	NC				
Cephalosporins - 2nd Generation					
CEFACTOR ER TB12	NP				
<i>cefaclor CAPS</i>	NP				

Drug Name	Drug Tier	Requirements/Limits
<i>cefotaxime sodium IJ 1 GM, 2 GM</i>	NC	
CEFOTAXIME SODIUM IJ 1 GM, 2 GM	NC	
<i>cefpodoxime proxetil SUSR</i>	NP	
<i>cefpodoxime proxetil SUSR</i>	NP	
<i>cefpodoxime proxetil SUSR</i>	NC	
<i>cefpodoxime proxetil TABS</i>	NP	
<i>cefpodoxime proxetil TABS</i>	NP	
<i>cefpodoxime proxetil TABS</i>	NC	
<i>ceftazidime IJ 1 GM, 6 GM</i>	NC	
CEFTAZIDIME/DEXTROSE	NC	
<i>ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG</i>	C	QL(3 ea per fill retail); 1 max fill(s) per 31 day(s) retail
<i>ceftriaxone sodium IJ 2 GM</i>	NC	
CEFTRIAXONE SODIUM IJ 100 GM	NC	
<i>ceftriaxone sodium in dextrose</i>	NC	
CEFTRIAXONE/DEXTROSE	NC	
TAZICEF 4.4 %-1 GM/50ML	NC	
Cephalosporins - 4th Generation		
<i>cefepime hcl SOLR IJ 1 GM</i>	NC	
CEFEPIME HYDROCHLORIDE SOLR IV	NC	
CEFEPIME/DEXTROSE	NC	
CEFEPIME SOLN	NC	

Drug Name	Drug Tier	Requirements/Limits
Cephalosporins - 5th Generation		
TEFLARO	NC	
CHEMICALS		
Bulk Chemicals - A's		
ALPHA-KETOGLUTARIC ACID CRYSTALS	NC	
AMLEXANOX	NC	
Bulk Chemicals - B's		
BISOPROLOL FUMARATE	NC	
Bulk Chemicals - C's		
CALCIPOTRIENE MONOHYDRATE	NC	
CICLOPIROX	NC	
CITICOLINE	NC	
CLOPIDOGREL BISULFATE	NC	
CROSCARMELLOSE SODIUM	NC	
SPECPED SOLN	NC	
Bulk Chemicals - E's		
EFLORNITHINE HYDROCHLORIDE MONOHYDRATE	NC	
ERLOTINIB HYDROCHLORIDE	NC	
ESCITALOPRAM OXALATE	NC	
ESTRADIOL HEMIHYDRATE	NC	
Bulk Chemicals - H's		
HYDROXYUREA	C	
Bulk Chemicals - M's		
MODAFINIL	NC	
MYCOPHENOLATE MOFETIL	NC	
Bulk Chemicals - N's		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
N-ACETYL-L-CARNOSINE	NC		SORAFENIB TOSYLATE	NC	
NALOXONE HCL DIHYDRATE	NC		SQUALENE	NC	
NALOXONE HYDROCHLORIDE DIHYDRATE	NC		Bulk Chemicals - T's		
NICOTINAMIDE RIBOSIDE CHLORIDE	NC		THYMUS	NC	
NITAZOXANIDE	NC		XILOGEL	NC	
NITROFURANTOIN MONOHYDRATE	NC		Bulk Chemicals - V's		
Bulk Chemicals - O's			RETINOL MOLECULAR FILM OIL 0.33 %	NC	
OLMESARTAN MEDOXOMIL	NC		VALPROIC ACID POWD	NC	
ORLISTAT	NC		CONTRACEPTIVES - Drugs to Prevent Pregnancy		
OSELTAMIVIR PHOSPHATE	NC		Combination Contraceptives - Oral		
OXYTOCIN ACETATE	NC		<i>desogestrel & ethinyl estradiol</i>	C	
Bulk Chemicals - P's			<i>desogestrel-ethinyl estradiol (biphasic)</i>	C	
PANTOPRAZOLE SODIUM	NC		<i>desogestrel-ethinyl estradiol (triphasic)</i>	C	
PANTOPRAZOLE SODIUM SESQUIHYDRATE	NC		<i>drospirenone-ethinyl estradiol 0.02 MG-3 MG</i>	C	QL(1 ea daily)
PENCICLOVIR	NC		<i>drospirenone-ethinyl estradiol 0.03 MG-3 MG</i>	C	
POLYACRYLATE CROSSPOLYMER-6	NC		<i>drospirenone-ethinyl estradiol-levomefolate calcium</i>	NC	
POLYOXYL 40 HYDROGENATEDCASTOR OIL	NC		<i>ethynodiol diacet & eth estrad 35 MCG-1 MG</i>	C	
PROMETHAZINE HCL POWD	NC		<i>ethynodiol diacet & eth estrad 50 MCG-1 MG</i>	C	QL(1 ea daily)
Bulk Chemicals - R's			GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	NC	
ROSUVASTATIN CALCIUM	NC		<i>levonorgestrel & eth estradiol TABS</i>	C	
Bulk Chemicals - S's			<i>levonorgestrel-eth estradiol (triphasic)</i>	C	
DIMERCAPTOSUCCINIC ACID CRYSTALS	NC		<i>levonorgestrel-ethinyl estradiol (91-day) 0.03 MG-0.15 MG</i>	C	
SALICYLIC ACID SOLN	NC		<i>levonorgestrel-ethinyl estradiol (91-day)</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	NC	
<i>levonorgestrel-ethinyl estradiol-iron</i>	NC	
LO LOESTRIN FE TABS	NC	
LOSEASONIQUE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NC	
MINASTRIN 24 FE CHEW (<i>Use norethin acet & estrad-fe</i>)	NC	
MIRCETTE (<i>Use desogestrel-ethinyl estradiol (biphasic)</i>)	NC	
NATAZIA	NC	
NEXTSTELLIS	NC	
<i>norethin acet & estrad-fe CAPS</i>	NC	
<i>norethin acet & estrad-fe CHEW</i>	NC	
<i>norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG</i>	C	
<i>norethindrone & eth estradiol</i>	C	
<i>norethindrone & ethinyl estradiol-fe</i>	C	
<i>norethindrone acet & eth estra</i>	C	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	C	
<i>norethindrone-eth estradiol (triphasic)</i>	C	
<i>norgestimate-ethinyl estradiol</i>	C	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	C	
<i>norgestrel & ethinyl estradiol 30 MCG-0.3 MG</i>	C	QL(2 ea daily)
QUARTETTE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NC	

Drug Name	Drug Tier	Requirements/Limits
SEASONIQUE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NC	
TYBLUME CHEW	C	
YASMIN 28 (<i>Use drospirenone-ethinyl estradiol</i>)	NC	
YAZ (<i>Use drospirenone-ethinyl estradiol</i>)	NC	QL(1 ea daily)
Combination Contraceptives - Transdermal		
<i>norelgestromin-ethinyl estradiol</i>	C	
TWIRLA	NC	
Combination Contraceptives - Vaginal		
<i>etonogestrel-ethinyl estradiol</i>	C	QL(6 ea per fill retail)
NUVARING (<i>Use etonogestrel-ethinyl estradiol</i>)	NC	QL(6 ea per fill retail)
Emergency Contraceptives		
ELLA	C	QL(4 ea per 365 day(s) retail)
<i>levonorgestrel (emergency oc) 1.5 MG</i>	C	QL(1 ea per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail
PLAN B ONE-STEP (<i>Use levonorgestrel (emergency oc)</i>)	NC	QL(1 ea per 21 day(s) retail); 4 max fill(s) per 365 day(s) retail
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM (<i>Use medroxyprogesterone acetate (contraceptive)</i>)	NC	QL(1 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	NC	QL(1 ml per fill retail)	BUPIVACAINE HCL/DEXAMETHASONE SOD PHOSPHATE/EPINEPHRINE	NC	
DEPO-SUBQ PROVERA 104 SUSY SC	C	QL(1 ml per fill retail)	BUPIVACAINE HYDROCHLORIDE/DEXAMETHASONE SOD PHOS/EPINEPHRINE	NC	
medroxyprogesterone acetate (contraceptive) SUSP IM	C	QL(1 ml per fill retail)	BUPIVILOG KIT KIT	NC	
medroxyprogesterone acetate (contraceptive) SUSY IM	C	QL(1 ml per fill retail)	CONTRAST ALLERGY PREMEDIATION PACK	NC	
Progestin Contraceptives - Oral			CORTEF TABS (Use hydrocortisone)	NP	
norethindrone (contraceptive)	C		CORTISONE ACETATE TABS	P	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			deflazacort TABS 36 MG	NC	
Glucocorticosteroids			deflazacort TABS 6 MG, 18 MG, 30 MG	NP	
ALKINDI SPRINKLE CPSP	NP		DEPO-MEDROL SUSP	NC	
BETA 1 KIT KIT	NC		DEXABLISS TBPK	NC	
BETALIDO	NC		DEXAMETHASONE (LA) SUSP 16 MG/ML	NC	
BETALOAN SUIK	NC		DEXAMETHASONE ACETATE/DEXAMETHASONE PHOSPHATE	NC	
BETAMETHASONE ACETATE/BETAMETHASONE SUSP	NC		DEXAMETHASONE INTENSOL CONC	NP	
BETAMETHASONE COMBO SUSP	NC		DEXAMETHASONE SODIUM PHOSPHATE +RFID SOSY IJ 4 MG/ML	C	QL(150 ml per 31 day(s) retail)
betamethasone sod phosphate & acetate SUSP	NC		DEXAMETHASONE SODIUM PHOSPHATE/SODIUM CHLORIDE 6 MG/25ML-0.9 %	NC	
BETAMETHASONE SODIUM PHOSPHATE/BETAMETHASONE ACETATE SUSP	NC		dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	C	QL(150 ml per 31 day(s) retail)
BSP 0820 KIT	NC		dexamethasone sodium phosphate SOLN IJ 10 MG/ML, 100 MG/10ML	NC	
budesonide CPEP	NC				
budesonide CPEP	P				
budesonide TB24	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	NC		MARBETA-L	NC	
<i>dexamethasone sodium phosphate SOSY IJ 4 MG/ML</i>	C	QL(150 ml per 31 day(s) retail)	MARDEX-25 KIT	NC	
<i>dexamethasone ELIX</i>	P		MAS CARE-PAK KIT	NC	
<i>dexamethasone SOLN</i>	P		MEDROL DOSEPAK TBPK (<i>Use methylprednisolone</i>)	NP	
<i>dexamethasone TABS</i>	P		MEDROLOAN II SUIK	NC	
<i>dexamethasone TABS</i>	NC		MEDROLOAN SUIK	NC	
<i>dexamethasone TBPK</i>	NC		MEDROL TABS	NP	
<i>dexamethasone TBPK</i>	NP		MEDROL TABS (<i>Use methylprednisolone</i>)	NP	
<i>dexamethasone TBPK</i>	P		METHYLPREDNISOLON E ACETATE/BUPIVACAINE HYDROCHLORIDE SUSP	NC	
DEXLIDO KIT	NC		<i>methylprednisolone acetate SUSP</i>	NC	
DEXLIDO-M	NC		METHYLPREDNISOLON E ACETATE SUSP	NC	
DEXONTO 0.4% SOLN PH	NC		<i>methylprednisolone succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	NC	
DMT SUIK	NC		METHYLPREDNISOLON E/LIDOCAINE SUSP	NC	
DOUBLEDEX KIT	NC		<i>methylprednisolone TABS</i>	P	
DXEVO 11-DAY TBPK	NC		<i>methylprednisolone TABS</i>	P	
DYURAL 80-LM	NC		<i>methylprednisolone TBPK</i>	NC	
DYURAL-40	NC		<i>methylprednisolone TBPK</i>	P	
DYURAL-80	NC		MLK F1 KIT	NC	
DYURAL-L KIT	NC		MLK F2 KIT	NC	
DYURAL-LM	NC		MLK F3 KIT	NC	
EMFLAZA SUSP	NP		MLK F4 KIT	NC	
EOHILIA SUSP	NP		MULTI-SPECIALTY KIT KIT	NC	
EOHILIA SUSP	NP		ORAPRED ODT TBDP (<i>Use prednisolone sodium phosphate</i>)	NC	
HEMADY TABS	NP		ORTIKOS CP24	NP	
HEMADY TABS	NP		P-CARE K40G	NC	
HEXATRIONE IX	NC		P-CARE K40 KIT	NC	
<i>hydrocortisone TABS</i>	P				
KENALOG-10 SUSP	NC				
KENALOG-80 SUSP	NC				
LIDOCIDEX I SOLN	NC				
LIDOCILONE I SUSP	NC				
LIDOLOG KIT KIT	NC				
MARBETA-25	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
P-CARE K40MX	NC		<i>prednisolone</i> TABS	NP	
P-CARE K80G	NC		PREDNISONE INTENSOL CONC	NP	
P-CARE K80 KIT	NC		<i>prednisone</i> SOLN	P	
P-CARE K80MX	NC		<i>prednisone</i> TABS	P	
PEDIAPRED SOLN (<i>Use prednisolone sodium phosphate</i>)	NC		<i>prednisone</i> TABS	NC	
PHYSICIANS EZ USE JOINT TUNNEL AND TRIGGER	NC		<i>prednisone</i> TBPK	P	
PHYSICIANS EZ USE JOINT TUNNEL AND TRIGGER KIT II KIT	NC		PRO-C-DURE 5 KIT KIT	NC	
PHYSICIANS EZ USE M-PRED KIT	NC		PRO-C-DURE 6 KIT KIT	NC	
POD-CARE 100CG	NC		RAYOS TBEC	NP	
POD-CARE 100C KIT	NC		READYSHARP ANESTHETICS +BETAMETHASONE	NC	
POD-CARE 100CMX	NC		READYSHARP ANESTHETICS +DEXAMETHASONE	NC	
POD-CARE 100KG	NC		READYSHARP ANESTHETICS +METHYLPREDNISOLON E 80	NC	
POD-CARE 100K KIT	NC		SOLU-CORTEF	NC	
POD-CARE 100KMX	NC		SOLU-MEDROL	NC	
POINT OF CARE KM KIT	NC		TOPIDEX KIT	NC	
POINT OF CARE L.2 KIT	NC		TRIAMCINOLONE 40 MG/ML	NC	
POINT OF CARE L.5 KIT	NC		TRIAMCINOLONE ACETONIDE/BUPIVACAINE HYDROCHLORIDE SUSP	NC	
POINT OF CARE LM DEP 2	NC		<i>triamcinolone acetonide</i> SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML	NC	
<i>prednisolone sodium phosphate</i> SOLN 20 MG/5ML	P	QL(150 ml per fill retail)	TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML, 80 MG/ML	NC	
<i>prednisolone sodium phosphate</i> SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	P		TRIAMCINOLONE DIACETATE 40 MG/ML	NC	
<i>prednisolone sodium phosphate</i> SOLN 25 MG/5ML	NC		TRILOAN II SUIK	NC	
<i>prednisolone sodium phosphate</i> TBDP	P		TRILOAN SUIK	NC	
<i>prednisolone</i> SOLN	P		UCERIS TB24 (<i>Use budesonide</i>)	NP	
<i>prednisolone</i> SOLN	NC				

Drug Name	Drug Tier	Requirements/Limits
UCERIS TB24 (<i>Use budesonide</i>)	NC	
Mineralocorticoids		
<i>fludrocortisone acetate TABS</i>	C	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate 150 MG</i>	NC	
<i>benzonatate 100 MG</i>	C	QL(6 ea daily); AL(At least 10 yrs old)
<i>benzonatate 200 MG</i>	C	QL(3 ea daily); 1 max fill(s) per 31 day(s) retail; AL(At least 10 yrs old)
DELSYM COUGH CHILDRENS SUER (<i>Use dextromethorphan polistirex</i>)	NC	QL(240 ml per 6 day(s) retail)
DELSYM SUER (<i>Use dextromethorphan polistirex</i>)	NC	QL(240 ml per 6 day(s) retail)
<i>dextromethorphan hbr LIQD 7.5 MG/5ML</i>	C	QL(240 ml per 6 day(s) retail)
<i>dextromethorphan polistirex LQCR</i>	C	QL(240 ml per 6 day(s) retail)
<i>dextromethorphan polistirex SUER</i>	C	QL(240 ml per 6 day(s) retail)
HYCODAN SOLN (<i>Use hydrocodone bitartrate-homatropine methylbromide</i>)	NC	AL(At least 18 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN</i>	C	AL(At least 18 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide TABS</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
TRIAMINIC LONG ACTING COUGH LIQD (<i>Use dextromethorphan hbr</i>)	NC	QL(240 ml per 6 day(s) retail)
Cough/Cold/Allergy Combinations		
<i>brompheniramine & phenyleph ELIX</i>	C	QL(120 ml per fill retail); 1 max fill(s) per 31 day(s) retail
<i>cetirizine-pseudoephedrine</i>	C	QL(2 ea daily)
CLARINEX-D 12 HOUR TB12	NP	
CLARITIN-D 12 HOUR TB12 (<i>Use loratadine & pseudoephedrine</i>)	NC	QL(2 ea daily)
COLD & FLU RELIEF NIGHTTIME D LIQD	C	
<i>dextromethorphan-doxylamine-acetaminophen LIQD</i>	C	
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML</i>	C	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-200 MG/5ML-30 MG/5ML-30 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	C	
<i>dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	C	QL(240 ml per fill retail)
<i>dextromethorphan-guaifenesin TB12 600 MG-30 MG</i>	C	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>dextromethorphan-phenylephrine-acetaminophen CAPS</i>	C		<i>promethazine w/codeine SYRP</i>	C	QL(240 ml per fill retail); AL(At least 18 yrs old)
ED BRON GP LIQD	C	QL(240 ml per 6 day(s) retail)	<i>promethazine-dm SYRP</i>	C	QL(240 ml per fill retail); AL(At least 2 yrs old)
<i>guaifenesin-codeine SOLN</i>	C		<i>promethazine-phenylephrine-codeine</i>	C	QL(240 ml per fill retail); AL(At least 18 yrs old)
<i>guaifenesin-codeine SYRP</i>	C		<i>pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	C	QL(240 ml per fill retail)
<i>hydrocodone polistirex-chlorpheniramine polistirex SUER</i>	NC		<i>pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML</i>	C	
LOHIST-D LIQD	C		<i>pseudoephedrine-guaifenesin TB12 1200 MG-120 MG</i>	C	
<i>loratadine & pseudoephedrine TB12</i>	C	QL(2 ea daily)	<i>pseudoephedrine-guaifenesin TB12 600 MG-60 MG</i>	C	QL(210 ea per fill retail)
MAXI-TUSS PE MAX LIQD	C	QL(240 ml per 6 day(s) retail)	PX DAYTIME MULTI-SYMPTOM CAPS	C	
MAXI-TUSS PE LIQD	C		PX NITETIME MULTI-SYMPTOM CAPS	C	
MUCINEX D MAXIMUM STRENGTH TB12 (Use <i>pseudoephedrine-guaifenesin</i>)	NC		SCOT-TUSSIN DM LIQD	C	
MUCINEX DM TB12 (Use <i>dextromethorphan-guaifenesin</i>)	NC	QL(2 ea daily)	TUXARIN ER TB12	NC	
MUCINEX D TB12 (Use <i>pseudoephedrine-guaifenesin</i>)	NC	QL(210 ea per fill retail)	TUZISTRA XR	NC	
<i>phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML</i>	C	QL(240 ml per fill retail)	ZYRTEC-D ALLERGY/CONGESTION (Use <i>cetirizine-pseudoephedrine</i>)	NC	QL(2 ea daily)
<i>phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML</i>	C	QL(240 ml per fill retail)	ZYRTEC-D ALLERGY/SINUS (Use <i>cetirizine-pseudoephedrine</i>)	NC	QL(2 ea daily)
<i>phenylephrine-dm SOLN</i>	C	QL(240 ml per fill retail)	Expectorants		
<i>promethazine & phenylephrine SYRP</i>	C	QL(240 ml per 6 day(s) retail); AL(At least 2 yrs old)	GERI-TUSSIN SYRP	C	QL(240 ml per 6 day(s) retail)
<i>promethazine w/codeine SOLN</i>	C	QL(240 ml per fill retail); AL(At least 18 yrs old)	<i>guaifenesin TB12 1200 MG</i>	C	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin TB12 600 MG</i>	C	QL(40 ea per fill retail); 1 max fill(s) per 31 day(s) retail	<i>adapalene-benzoyl peroxide GEL</i>	NP	
MUCINEX MAXIMUM STRENGTH TB12 (<i>Use guaifenesin</i>)	NC		<i>adapalene-benzoyl peroxide GEL 2.5 %-0.3 %</i>	NC	
MUCINEX TB12 (<i>Use guaifenesin</i>)	NC	QL(40 ea per fill retail); 1 max fill(s) per 31 day(s) retail	<i>adapalene CREA</i>	NP	
<i>potassium iodide (expectorant) SOLN</i>	C		<i>adapalene GEL 0.3 %</i>	NP	
SSKI SOLN (<i>Use potassium iodide (expectorant)</i>)	NC		<i>adapalene GEL 0.3 %</i>	P	
Misc. Respiratory Inhalants			<i>adapalene GEL</i>	NC	
HYPERSAL NEBU	NC		ADEINZDE	NC	
NEBUSAL NEBU	NC		ALTRENO LOTN	NP	
<i>sodium chloride (inhalant) AERS</i>	C	QL(240 ml per fill retail)	ALTRENO LOTN	NP	
<i>sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %</i>	C		ATRALIN GEL (<i>Use tretinoin</i>)	NP	
<i>sodium chloride (inhalant) NEBU 7 %</i>	NC		AVAR LS CLEANSER LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP	
Mucolytics			AVAR-E LS CREA (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP	
<i>acetylcysteine SOLN</i>	C		AZELEX	NC	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			BENZAC AC WASH LIQD 5 % (<i>Use benzoyl peroxide</i>)	NC	RX/OTC
Acne Products			BENZAMYCIN GEL (<i>Use benzoyl peroxide-erythromycin</i>)	NP	
ACANYA GEL (<i>Use clindamycin phosphate-benzoyl peroxide</i>)	NP		BENZOLYL PEROXIDE FORTE-HC	NC	
ACNE MEDICATION 10 LOTN	C		<i>benzoyl peroxide BAR</i>	C	
ACNE MEDICATION 5 LOTN	C		<i>benzoyl peroxide-erythromycin GEL</i>	NP	
ACZONE (<i>Use dapsonsone (topical)</i>)	NC		<i>benzoyl peroxide FOAM 5.3 %, 9.8 %</i>	NC	
ADAPALENE/BENZOYL PEROXIDE PADS	NC		<i>benzoyl peroxide GEL 2.5 %, 5 %, 10 %</i>	C	
			BENZOYL PEROXIDE GEL	NC	
			<i>benzoyl peroxide LIQD 2.5 %, 5 %, 7 %, 10 %</i>	NC	RX/OTC
			<i>benzoyl peroxide LIQD 5 %, 10 %</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>benzoyl peroxide LIQD 4 %</i>	C		<i>clindamycin phosphate-tretinoin</i>	NP	
CABTREG	NP		CLINDAVIX	NC	
CLENIA PLUS SUSP	NC		CLINOIN	NC	
CLEOCIN-T LOTN (<i>Use clindamycin phosphate (topical)</i>)	NP		<i>dapsone (topical)</i>	NP	
CLINDACIN ETZ	NC		<i>dapsone (topical) 7.5 %</i>	NC	
CLINDACIN PAC	NC		DEOXIATAR SOLN	NC	
CLINDAGEL GEL (<i>Use clindamycin phosphate (topical)</i>)	NP	QL(60 ml per fill retail)	DEOXIATAR CREA	NC	
<i>clindamycin phosphate (topical) FOAM</i>	NP		DIADIMAXIA CREA	NC	
<i>clindamycin phosphate (topical) GEL</i>	NP	QL(60 gm per fill retail)	DIAOXIA CREA	NC	
<i>clindamycin phosphate (topical) LOTN</i>	NP		DIASAXIATAR CREA	NC	
<i>clindamycin phosphate (topical) SOLN</i>	NC		DIASAXIATAR GEL	NC	
<i>clindamycin phosphate (topical) SOLN</i>	P		DIASDIMAXIA CREA	NC	
<i>clindamycin phosphate (topical) SWAB</i>	NP		DIASOXIA CREA	NC	
<i>clindamycin phosphate (topical) SWAB</i>	NP		DIFFERIN DAILY DEEP CLEANSER LIQD (<i>Use benzoyl peroxide</i>)	NC	RX/OTC
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	NP		DIFFERIN CREA (<i>Use adapalene</i>)	NC	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	P		DIFFERIN GEL (<i>Use adapalene</i>)	NC	
<i>clindamycin phosphate-benzoyl peroxide (refrigerate)</i>	NC		DIFFERIN LOTN	NC	
<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP		EPIDUO FORTE GEL (<i>Use adapalene-benzoyl peroxide</i>)	NC	
<i>clindamycin phosphate-benzoyl peroxide GEL</i>	NP		EPIDUO GEL (<i>Use adapalene-benzoyl peroxide</i>)	NC	
<i>clindamycin phosphate-benzoyl peroxide GEL 5 %-1 %</i>	NC		ERYGEL GEL (<i>Use erythromycin (acne aid)</i>)	NP	
			ERYGEL GEL (<i>Use erythromycin (acne aid)</i>)	NP	1 package(s) per fill retail
			<i>erythromycin (acne aid) GEL</i>	NP	
			<i>erythromycin (acne aid) GEL</i>	NC	
			<i>erythromycin (acne aid) PADS</i>	P	
			<i>erythromycin (acne aid) SOLN</i>	P	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
EVOCLIN FOAM (Use clindamycin phosphate (topical))	NP		PLEXION CLEANSING CLOTHS PADS	NC	
EVOCLIN FOAM (Use clindamycin phosphate (topical))	NP		RETIN-A MICRO (Use tretinoin microsphere)	NP	
FABIOR FOAM	NP		RETIN-A MICRO (Use tretinoin microsphere)	NP	
FABIOR FOAM	NP		RETIN-A MICRO	NP	
FLUOXIA	NC		RETIN-A MICRO PUMP (Use tretinoin microsphere)	NP	
IDYYXIATAR GEL	NC		RETIN-A MICRO PUMP (Use tretinoin microsphere)	NP	
INOVA	NC		RETIN-A MICRO PUMP (Use tretinoin microsphere)	NP	
INOVA 4/1 ACNE CONTROL THERAPY	NC		RETIN-A CREA (Use tretinoin)	P	QL(20 gm per fill retail); AL(Up to 35 yrs old)
INOVA 8/2 ACNE CONTROL THERAPY	NC		RETIN-A GEL 0.025 % (Use tretinoin)	P	AL(Up to 35 yrs old)
INZDEAXIAVAR	NC		RETIN-A GEL 0.01 % (Use tretinoin)	P	
isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	NC	QL(2 ea daily); AL(At least 12 yrs old)	SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NP	
isotretinoin 25 MG, 35 MG	NC		SODIUM SULFACETAMIDE/SULFUR CLEANSER IN UREA EMUL	NC	
KLARON (Use sulfacetamide sodium (acne))	NP	QL(118 ml per fill retail)	SODIUM SULFACETAMIDE/SULFUR PADS	NC	
LOUNZDOMDIOXIATAR THPK	NC		SODIUM SULFACETAMIDE/SULFUR SUSP 9 %-4.25 %	NC	
NEUAC KIT	NC		sulfacetamide sodium (acne)	NP	
ONEXTON GEL	NP		sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	NC	
ONEXTON GEL (Use clindamycin phosphate-benzoyl peroxide)	NP		sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	NP	
ONZDEAXIADEMTAR GEL	NC		sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	NP	
ONZDEAXIADEMVAR GEL	NC				
ONZDEAXIAZAR	NC				
OXIAICE LOTN	NC				
OXIAVARY CREA	NC				
OXIAZAR CREA	NC				
PLEXION CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NC		<i>tretinoin CREA 0.025 %, 0.05 %, 0.1 %</i>	NP	QL(20 gm per fill retail); AL(Up to 35 yrs old)
<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP		<i>tretinoin GEL 0.025 %</i>	NC	AL(Up to 35 yrs old)
<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP		<i>tretinoin GEL 0.01 %</i>	NP	QL(45 gm per fill retail); AL(Up to 35 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP		<i>tretinoin GEL 0.01 %</i>	NP	QL(30 gm per fill retail); AL(Up to 35 yrs old)
<i>sulfacetamide sodium w/ sulfur LIQD</i>	NC		<i>tretinoin GEL 0.01 %</i>	NP	QL(30 gm per fill retail); AL(Up to 35 yrs old)
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	NP	1 package(s) per 31 day(s) retail	<i>tretinoin GEL 0.05 %</i>	NP	
<i>sulfacetamide sodium w/ sulfur LOTN 10 %-5 %</i>	NC	1 package(s) per 31 day(s) retail	<i>tretinoin GEL 0.025 %</i>	NP	AL(Up to 35 yrs old)
<i>sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %</i>	NC		TWYNEO	NC	
<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	NP		UNZDOMDIOXIAZAR THPK	NC	
<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP		VELTIN (<i>Use clindamycin phosphate-tretinoin</i>)	NC	
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	NC	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail	WINLEVI	NP	
<i>sulfacetamide sodium w/ sulfur SUSP 10 %-5 %</i>	NP	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail	ZACARE 4% KIT	NC	
<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NC		ZACARE 8% KIT	NC	
<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	NP		ZACLIR CLEANSING LOTN	NC	
SUMADAN KIT	NP		ZIANA (<i>Use clindamycin phosphate-tretinoin</i>)	NP	
SUMADAN WASH LIQD (<i>Use sulfacetamide sodium w/ sulfur</i>)	NP		ZMA CLEAR SUSP	NP	
SUMADAN XLT KIT	NP		Agents for External Genital and Perianal Warts		
SUMAXIN CP KIT	NP		VEREGEN	NC	
SUMAXIN PADS	NP		VEREGEN	NP	
TAZAROTENE FOAM	NP		Analgesics - Topical		
<i>tretinoin microsphere</i>	NP		A.A.G.C. KIT IN TERODERM	NC	
			ENOVARX-BACLOFEN	NC	
			ENOVARX-TRAMADOL	NC	
			MUSCUSOLICE	NC	
			PRAKETAMIDE	NC	
			Antibiotics - Topical		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALTABAX	NC		<i>ciclopirox GEL</i>	NC	
<i>bacitracin (topical) OINT</i>	C	1 package(s) per fill retail	<i>ciclopirox KIT</i>	NP	
<i>bacitracin zinc OINT</i>	C	1 package(s) per fill retail	<i>ciclopirox SHAM</i>	NP	
CENTANY AT KIT	NP		<i>ciclopirox SOLN</i>	NC	
CENTANY OINT	NP	QL(30 gm per 31 day(s) retail)	<i>ciclopirox SOLN</i>	P	
<i>gentamicin sulfate (topical) CREA</i>	C	QL(1 gm daily; 30 gm per fill retail)	<i>clotrimazole (topical) CREA</i>	NC	QL(60 gm per 31 day(s) retail); RX/OTC
<i>gentamicin sulfate (topical) OINT</i>	C	QL(1 gm daily; 30 gm per fill retail)	<i>clotrimazole (topical) CREA</i>	P	QL(60 gm per 31 day(s) retail); RX/OTC
IDARAN	NC		<i>clotrimazole (topical) SOLN</i>	P	1 package(s) per fill retail; RX/OTC
<i>mupirocin calcium (topical)</i>	NP		<i>clotrimazole (topical) SOLN</i>	NC	1 package(s) per fill retail; RX/OTC
<i>mupirocin OINT</i>	P	QL(30 gm per 31 day(s) retail)	<i>clotrimazole w/ betamethasone CREA</i>	P	QL(45 gm per 31 day(s) retail)
<i>mupirocin OINT</i>	NC	QL(30 gm per 31 day(s) retail)	<i>clotrimazole w/ betamethasone LOTN</i>	NC	QL(31 ml per 31 day(s) retail)
NANRAN	NC		<i>clotrimazole w/ betamethasone LOTN</i>	P	QL(31 ml per 31 day(s) retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	C	QL(60 gm per 31 day(s) retail)	DERMACINRX THERAZOLE PAK	NC	
<i>neomycin-polymyxin w/ pramoxine</i>	C	1 package(s) per fill retail	DERMETAZOLE	NC	
NEOSPORIN ORIGINAL OINT (Use <i>neomycin-bacitracin-polymyxin</i>)	NC	QL(60 ea per 31 day(s) retail)	<i>econazole nitrate CREA</i>	NC	QL(30 gm per fill retail)
NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use <i>neomycin-polymyxin w/ pramoxine</i>)	NC	1 package(s) per fill retail	<i>econazole nitrate CREA</i>	P	QL(30 gm per fill retail)
NEO-SYNALAR	NC		ECOZA FOAM	NC	
NEO-SYNALAR KIT	NC		ERTACZO	NP	
XEPI	NP		EXODERM	NC	
Antifungals - Topical			EXTINA FOAM (Use <i>ketoconazole (topical)</i>)	NP	
ALA-QUIN	NC		HEXIOUNYL	NC	
<i>ciclopirox olamine CREA</i>	P		HIXDEFRIMA	NC	
<i>ciclopirox olamine SUSP</i>	NC		<i>iodoquinol-hc</i>	NC	
<i>ciclopirox olamine SUSP</i>	P		<i>iodoquinol-hydrocortisone in aloe vehicle</i>	NC	
<i>ciclopirox GEL</i>	NP		<i>iodoquinol-hydrocortisone-aloe polysaccharide</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
JUBLIA	NP		MYCOZYL HC GEL	NC	
JUBLIA	NP		MYCOZYL HC LIQD	NC	
KERYDIN (Use tavaborole)	NC		naftifine hcl CREA	NP	
ketoconazole (topical) CREA	P	1 package(s) per 31 day(s) retail	naftifine hcl CREA	NP	
ketoconazole (topical) CREA	NC	1 package(s) per 31 day(s) retail	naftifine hcl GEL 2 %	NP	
ketoconazole (topical) FOAM	NP		naftifine hcl GEL 2 %	NP	
ketoconazole (topical) SHAM 2 %	P	QL(120 ml per fill retail)	NAFTIN GEL	NP	
KETODAN KIT	NP		NAFTIN GEL (Use naftifine hcl)	NP	
LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))	NC		NIZORAL SHAM	C	
LAMISIL AT CREA (Use terbinafine hcl (topical))	NC		nystatin (topical) CREA	NC	1 package(s) per 31 day(s) retail
LOPROX	NP		nystatin (topical) CREA	P	1 package(s) per 31 day(s) retail
LOPROX KIT	NP		nystatin (topical) OINT	NC	1 package(s) per fill retail
LOPROX SHAMPOO SHAM (Use ciclopirox)	NP		nystatin (topical) OINT	P	1 package(s) per fill retail
LOPROX CREA (Use ciclopirox olamine)	NP		nystatin (topical) POWD EX	NC	1 package(s) per 31 day(s) retail
LOPROX SUSP (Use ciclopirox olamine)	NP		nystatin (topical) POWD EX	P	1 package(s) per 31 day(s) retail
LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	NC	QL(60 gm per 31 day(s) retail); RX/OTC	nystatin-triamcinolone CREA	NC	1 package(s) per fill retail
LOTRIMIN AF CREA (Use clotrimazole (topical))	NC	QL(60 gm per 31 day(s) retail); RX/OTC	nystatin-triamcinolone CREA	P	1 package(s) per fill retail
luliconazole	NP		nystatin-triamcinolone OINT	P	1 package(s) per fill retail
LUZU (Use luliconazole)	NP		nystatin-triamcinolone OINT	NC	1 package(s) per fill retail
MICATIN CREA (Use miconazole nitrate (topical))	NC	QL(200 gm per 31 day(s) retail)	oxiconazole nitrate CREA	NP	
miconazole nitrate (topical) CREA	C	QL(200 gm per 31 day(s) retail)	OXISTAT CREA (Use oxiconazole nitrate)	NC	
miconazole-zinc oxide-white petrolatum	NP		OXISTAT LOTN	NP	
			OXISTAT LOTN	NC	
			PHEDRAX	NC	
			PHEOXIA	NC	
			PODIATROLE	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RECURA CREA	NC		<i>diclofenac sodium (topical) GEL EX</i>	P	QL(6.68 gm daily); RX/OTC
RIMI SOLN	NC		<i>diclofenac sodium (topical) SOLN EX 1.5 %</i>	NC	
<i>sulconazole nitrate CREA</i>	NC		<i>diclofenac sodium (topical) SOLN EX</i>	NP	
<i>sulconazole nitrate SOLN</i>	NC		<i>diclofenac sodium (topical) SOLN EX</i>	NP	
<i>tavaborole</i>	NC		<i>diclofenac sodium-capsaicin (topical)</i>	NC	
<i>tavaborole</i>	NP		DICLOFONO GEL EX	NC	
<i>terbinafine hcl (topical) CREA</i>	C		DICLONA+ PTCH	NC	
TINACTIN CREA (<i>Use tolnaftate</i>)	NC	QL(30 gm per fill retail)	DICLONA GEL	NC	
<i>tolnaftate CREA</i>	C	QL(30 gm per fill retail)	DICLOSTREAM	NC	
VUSION (<i>Use miconazole-zinc oxide-white petrolatum</i>)	NP		DICLOVIX	NC	
XOLEGEL COREPAK KIT	NC		DIMENTHO	NC	
XOLEGEL DUO/HEAD & SHOULDERS	NC		DUAL COMPLEX FORMULA 1 KIT	NC	
XOLEGEL DUO/XOLEX	NC		ENOVARX-DICLOFENAC SODIUM CREA	NC	
XOLEGEL GEL	NC		ENOVARX-IBUPROFEN	NC	
Antihistamines-Topical			ENOVARX-NAPROXEN	NC	
ITCH RELIEF CREA	C		FBL KIT	NC	
Anti-inflammatory Agents - Topical			FENOVAR	NC	
DERMACINRX LEXITRAL PHARMAPAK (<i>Use diclofenac sodium-capsaicin (topical)</i>)	NC		FLECTOR PTCH EX (<i>Use diclofenac epolamine</i>)	NP	
DERMACINRX LEXITRAL PHARMAPAK II (<i>Use diclofenac sodium-capsaicin (topical)</i>)	NC		K.B.G.L. IN TERODERM CREAM	NC	
DFS/MS/MENTH/CAP PAK	NC		KETOPHENE RAPIDPAQ	NC	
DICLAREAL	NC		KETOROLAC 2% GEL	NC	
<i>diclofenac epolamine PTCH EX</i>	NP		LICART PT24	NP	
<i>diclofenac sodium & adhesive sheets</i>	NC		LICART PT24	NP	
<i>diclofenac sodium (topical) GEL EX</i>	NC	QL(6.68 gm daily); RX/OTC	NAPRO 15% COMPOUNDING KIT	NC	
			PENNSAID SOLN EX	NP	
			PENNSAID SOLN EX 2 % (<i>Use diclofenac sodium (topical)</i>)	NP	
			TRIPLE COMPLEX FORMULA 3KIT	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VAROPHEN	NC		Antipsoriatics		
VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical))	NC	QL(6.68 gm daily); RX/OTC	<i>acitretin</i>	NC	
VP FC KIT	NC		<i>calcipotriene & dressing</i>	NC	
VP GKL KIT	NC		<i>calcipotriene CREA</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
XRYLIX (Use diclofenac sodium & adhesive sheets)	NC		<i>calcipotriene FOAM</i>	NC	
XRYLIX II (Use diclofenac sodium & adhesive sheets)	NC		CALCIPOTRIENE FOAM	NP	
Antineoplastic or Premalignant Lesion Agents - Topical			<i>calcipotriene OINT</i>	NC	
AMELUZ GEL	NC		<i>calcipotriene OINT</i>	P	
CARAC CREA (Use fluorouracil (topical))	NC		<i>calcipotriene SOLN</i>	P	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
<i>diclofenac sodium (actinic keratoses) EX</i>	NC		<i>calcipotriene SOLN</i>	NC	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
EFUDEX CREA (Use fluorouracil (topical))	NC	QL(40 gm per 31 day(s) retail)	<i>calcitriol (topical)</i>	NP	
<i>fluorouracil (topical) CREA 0.5 %</i>	C		CALSODORE	NC	
<i>fluorouracil (topical) CREA 5 %</i>	C	QL(40 gm per 31 day(s) retail)	COSENTYX SENSOREADY PEN SOAJ	NP	SP
<i>fluorouracil (topical) SOLN</i>	C	QL(10 ml per 31 day(s) retail)	COSENTYX SOSY	NP	SP
KLISYRI	NC		DIOOXIA	NC	
PANRETIN	NC		DOVONEX CREA (Use <i>calcipotriene</i>)	NC	1 package(s) per fill retail; 1 max fill(s) per 31 day(s) retail
QUIDROXZAR	NC		ILUMYA	NC	SP
QUITAR	NC		<i>methoxsalen rapid</i>	NC	
ROAOXIA	NC		SILIQ	NP	SP
TOLAK CREA	NC		SILIQ	NP	
Antipruritics - Topical			SKYRIZI PSKT	NC	SP
<i>camphor & menthol LOTN</i>	C	1 package(s) per fill retail	SORILUX FOAM	NP	
<i>doxepin hcl (antipruritic)</i>	NC		SORILUX FOAM	NP	
SARNA LOTN (Use <i>camphor & menthol</i>)	NC	1 package(s) per fill retail	SPEVIGO SOSY	NP	
			SPEVIGO SOSY	NP	
			STELARA SOSY	NP	SP
			TALTZ SOAJ	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
TALTZ SOAJ	NP	SP	OVACE PLUS CREA	NP	
TALTZ SOSY	NP		OVACE PLUS FOAM	NC	
TALTZ SOSY	NP	SP	OVACE PLUS LOTN	NP	
<i>tazarotene CREA</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)	OVACE PLUS SHAM (Use <i>sulfacetamide sodium</i>)	NP	
<i>tazarotene CREA</i>	NC	1 package(s) per fill retail; AL(Up to 18 yrs old)	OVACE WASH LIQD (Use <i>sulfacetamide sodium</i>)	NP	
<i>tazarotene GEL</i>	NP	1 package(s) per fill retail; AL(Up to 18 yrs old)	<i>selenium sulfide LOTN 1 %</i>	C	1 package(s) per fill retail
TAZORAC CREA (Use <i>tazarotene</i>)	NC	1 package(s) per fill retail; AL(Up to 18 yrs old)	<i>selenium sulfide LOTN 2.5 %</i>	C	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail
TAZORAC CREA	C	1 package(s) per fill retail; AL(Up to 18 yrs old)	<i>selenium sulfide SHAM 1 %</i>	C	1 package(s) per fill retail
TAZORAC GEL (Use <i>tazarotene</i>)	NC	1 package(s) per fill retail; AL(Up to 18 yrs old)	SELSUN BLUE CARE MENS MAXIMUM STRENGTH LOTN (Use <i>selenium sulfide</i>)	NC	1 package(s) per fill retail
TREMFYA SOPN	NP	SP	SELSUN BLUE DAILY LOTN (Use <i>selenium sulfide</i>)	NC	1 package(s) per fill retail
TREMFYA SOSY	NP	SP	SELSUN BLUE MEDICATED LOTN (Use <i>selenium sulfide</i>)	NC	1 package(s) per fill retail
TRIONEX	NC		SELSUN BLUE MOISTURIZING LOTN (Use <i>selenium sulfide</i>)	NC	1 package(s) per fill retail
VECTICAL (Use <i>calcitriol (topical)</i>)	NC		SELSUN BLUE LOTN (Use <i>selenium sulfide</i>)	NC	1 package(s) per fill retail
VTAMA	NP		<i>sulfacetamide sodium GEL</i>	NP	
ZITHRANOL SHAM	NC		<i>sulfacetamide sodium GEL</i>	NC	
ZORYVE	NP		<i>sulfacetamide sodium LIQD</i>	NP	
Antiseborrheic Products			<i>sulfacetamide sodium LIQD</i>	NC	
ESKATA	NC		<i>sulfacetamide sodium SHAM</i>	NC	
MICURADERM EMUL	NC		<i>sulfacetamide sodium SHAM</i>	NC	
OVACE PLUS WASH GEL (Use <i>sulfacetamide sodium</i>)	NP				
OVACE PLUS WASH LIQD (Use <i>sulfacetamide sodium</i>)	NP				

Drug Name	Drug Tier	Requirements/Limits
<i>sulfacetamide sodium SHAM 10 %</i>	NP	
ZORYVE	NP	
Antivirals - Topical		
<i>acyclovir topical CREA</i>	NC	1 package(s) per 31 day(s) retail
<i>acyclovir topical CREA</i>	P	1 package(s) per 31 day(s) retail
<i>acyclovir topical OINT</i>	NC	1 package(s) per fill retail
<i>acyclovir topical OINT</i>	NP	1 package(s) per fill retail
DENAVIR (<i>Use penciclovir</i>)	NP	
<i>penciclovir</i>	NP	
XERESE	NP	
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	NP	1 package(s) per 31 day(s) retail
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NP	1 package(s) per fill retail
Burn Products		
<i>mafenide acetate PACK</i>	NC	
RAYASORE KIT	NC	
SILVADENE (<i>Use silver sulfadiazine</i>)	NC	
<i>silver sulfadiazine</i>	C	
SULFAMYLON CREA	NC	
SULFAMYLON PACK 5 % (<i>Use mafenide acetate</i>)	NC	
Cauterizing Agents		
ARZOL SILVER NITRATE APPLICATORS	NC	
GRAFCO SILVER NITRATE APPLICATOR	NC	
SILVER NITRATE SOLN 0.5 %	NC	
Corticosteroids - Topical		
ACIOXIA	NC	

Drug Name	Drug Tier	Requirements/Limits
ADVANCED ALLERGY COLLECTION KIT KIT	NC	
ALA-SCALP LOTN	NC	
<i>alclometasone dipropionate CREA</i>	P	
<i>alclometasone dipropionate OINT</i>	NC	
<i>alclometasone dipropionate OINT</i>	P	
<i>amcinonide CREA</i>	NC	
<i>amcinonide CREA</i>	NP	
<i>amcinonide LOTN</i>	NC	
<i>amcinonide OINT</i>	NC	
APEXICON E CREA	NP	
APEXICON E CREA	NC	
<i>betamethasone dipropionate (topical) CREA</i>	NC	1 package(s) per 30 day(s) retail
<i>betamethasone dipropionate (topical) CREA</i>	P	1 package(s) per 30 day(s) retail
<i>betamethasone dipropionate (topical) LOTN</i>	NC	
<i>betamethasone dipropionate (topical) LOTN</i>	P	
<i>betamethasone dipropionate (topical) OINT</i>	NP	
<i>betamethasone dipropionate augmented CREA</i>	P	1 package(s) per fill retail
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
<i>betamethasone dipropionate augmented LOTN</i>	NP	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>betamethasone dipropionate augmented OINT</i>	NP		<i>clobetasol propionate GEL 0.05 %</i>	NC	1 package(s) per fill retail
<i>betamethasone dipropionate augmented OINT</i>	NC		<i>clobetasol propionate GEL 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone valerate CREA</i>	P		<i>clobetasol propionate LIQD</i>	NP	
<i>betamethasone valerate FOAM</i>	NC		<i>clobetasol propionate LOTN</i>	NP	
<i>betamethasone valerate FOAM</i>	NP		<i>clobetasol propionate OINT 0.05 %</i>	NC	1 package(s) per fill retail
<i>betamethasone valerate LOTN</i>	P		<i>clobetasol propionate OINT 0.05 %</i>	P	1 package(s) per fill retail
<i>betamethasone valerate OINT</i>	NP		<i>clobetasol propionate SHAM</i>	NP	
BRYHALI LOTN	NP		<i>clobetasol propionate SHAM</i>	NC	
<i>calcipotriene-betamethasone dipropionate OINT</i>	NP		<i>clobetasol propionate SOLN 0.05 %</i>	P	1 package(s) per fill retail
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		<i>clobetasol propionate SOLN 0.05 %</i>	NC	1 package(s) per fill retail
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NC		CLOBETAVIX	NC	
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP		CLOBEX LIQD (Use <i>clobetasol propionate</i>)	NC	
CAPEX SHAM	NC		CLOBEX LOTN 0.05 % (Use <i>clobetasol propionate</i>)	NC	
<i>clobetasol propionate emollient base 0.05 %</i>	P	1 package(s) per fill retail	CLOBEX SHAM (Use <i>clobetasol propionate</i>)	NC	
<i>clobetasol propionate emulsion</i>	NP		<i>clocortolone pivalate</i>	NP	
<i>clobetasol propionate CREA 0.05 %</i>	NC	1 package(s) per fill retail	<i>clocortolone pivalate</i>	NC	
<i>clobetasol propionate CREA 0.05 %</i>	P	1 package(s) per fill retail	CLODAN KIT	NC	
<i>clobetasol propionate FOAM</i>	NC		CLODERM (Use <i>clocortolone pivalate</i>)	NP	
<i>clobetasol propionate FOAM</i>	NP		CORDRAN CREA	NC	
			CORDRAN CREA (Use <i>flurandrenolide</i>)	NC	
			CORDRAN LOTN (Use <i>flurandrenolide</i>)	NC	
			CORDRAN OINT	NC	
			CORDRAN TAPE	NC	
			CORTANE-B	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMA-SMOOTHIE/FS BODY OIL (Use fluocinolone acetonide)	NP		DIPROLENE OINT (Use betamethasone dipropionate augmented)	NP	
DERMA-SMOOTHIE/FS SCALP OIL (Use fluocinolone acetonide)	NC		ENSTILAR FOAM	NP	
DERMA-SMOOTHIE/FS SCALP OIL (Use fluocinolone acetonide)	NP		ENSTILAR FOAM	NP	
desonide CREA	NC	QL(2 gm daily)	EPIFOAM FOAM	C	
desonide CREA	P	QL(2 gm daily)	fluocinolone acetonide CREA	NP	
desonide GEL	NC		fluocinolone acetonide CREA	NC	
desonide LOTN	NC		fluocinolone acetonide OIL	P	
desonide LOTN	P		fluocinolone acetonide OINT	NP	
desonide OINT	P	QL(2 gm daily)	fluocinolone acetonide SOLN	NP	
DESOWEN CREA (Use desonide)	NC	QL(2 gm daily)	fluocinolone acetonide SOLN	NC	
desoximetasone CREA	NP	1 package(s) per fill retail	fluocinonide emulsified base	P	1 package(s) per fill retail
desoximetasone CREA 0.05 %	NC	1 package(s) per fill retail	fluocinonide CREA 0.1 %	P	
desoximetasone CREA 0.25 %	NC		fluocinonide CREA 0.1 %	NC	
desoximetasone CREA 0.25 %	NP		fluocinonide CREA 0.05 %	P	1 package(s) per fill retail
desoximetasone GEL	NP		fluocinonide CREA 0.05 %	NC	1 package(s) per fill retail
desoximetasone GEL	NP		fluocinonide GEL	P	1 package(s) per fill retail
desoximetasone LIQD	NP		fluocinonide GEL	NC	1 package(s) per fill retail
desoximetasone OINT	NC		fluocinonide OINT	NP	
desoximetasone OINT	NP		fluocinonide OINT	NC	
desoximetasone OINT	NC		fluocinonide SOLN	P	1 package(s) per fill retail
diflorasone diacetate CREA	NC		fluocinonide SOLN	NC	1 package(s) per fill retail
diflorasone diacetate CREA	NP		FLUOVIX	NC	
diflorasone diacetate OINT	NP		FLUOVIX PLUS	NC	
diflorasone diacetate OINT	NC		flurandrenolide CREA	NP	
			flurandrenolide LOTN	NC	
			flurandrenolide LOTN	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone propionate</i> CREA 0.05 %	NP		<i>hydrocortisone (topical)</i> LOTN 2.5 %	NC	1 package(s) per fill retail
<i>fluticasone propionate</i> CREA 0.05 %	NC		<i>hydrocortisone (topical)</i> OINT 1 %	NC	QL(2 gm daily); 1 package(s) per 31 day(s) retail; RX/OTC
<i>fluticasone propionate</i> LOTN	NP		<i>hydrocortisone (topical)</i> OINT 2.5 %	P	
<i>fluticasone propionate</i> OINT	NP		<i>hydrocortisone (topical)</i> OINT 1 %	P	QL(2 gm daily); 1 package(s) per 31 day(s) retail; RX/OTC
<i>halcinonide</i> CREA	NC		HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE CREA	NC	
<i>halcinonide</i> CREA	NP		<i>hydrocortisone butyrate</i> <i>hydrophilic lipo base</i>	NP	
<i>halcinonide</i> CREA	NP		<i>hydrocortisone butyrate</i> CREA	NP	
<i>halobetasol propionate</i> CREA	P		<i>hydrocortisone butyrate</i> LOTN	NP	
<i>halobetasol propionate</i> CREA	NC		<i>hydrocortisone butyrate</i> LOTN	NC	
<i>halobetasol propionate</i> OINT	NC		<i>hydrocortisone butyrate</i> OINT	P	
<i>halobetasol propionate</i> OINT	P		<i>hydrocortisone butyrate</i> SOLN	P	
HALOG CREA (Use <i>halcinonide</i>)	NP		HYDROCORTISONE COMPLETE KIT THPK	NC	
HALOG OINT	NP		<i>hydrocortisone valerate</i> CREA	NC	
HYDROCORT LOTION COMPLETEKIT THPK	NC		<i>hydrocortisone valerate</i> CREA	P	
<i>hydrocortisone (topical)</i> CREA 2.5 %	P	QL(120 gm per 31 day(s) retail)	<i>hydrocortisone valerate</i> OINT	NP	
<i>hydrocortisone (topical)</i> CREA 1 %	P	1 package(s) per fill retail; RX/OTC	HYDROXATE GEL	NC	
<i>hydrocortisone (topical)</i> CREA 0.5 %	C	1 package(s) per fill retail	HYDROXYM CREA	NC	
<i>hydrocortisone (topical)</i> CREA 1 %	NC	1 package(s) per fill retail; RX/OTC	HYDROXYM GEL	NP	
<i>hydrocortisone (topical)</i> CREA 2.5 %	NC	QL(120 gm per 31 day(s) retail)	IMPEKLO LOTN	NP	
<i>hydrocortisone (topical)</i> LOTN 2 %	NC		<i>lidocaine-hydrocortisone</i> <i>acetate</i> CREA 1 %-1 %	NC	
<i>hydrocortisone (topical)</i> LOTN 2.5 %	P	1 package(s) per fill retail			
<i>hydrocortisone (topical)</i> LOTN 1 %	C	1 package(s) per fill retail			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIDOTRAL + HYDROCORTISONE CREA	NC		<i>prednicarbate OINT</i>	NP	
LIDOTRAL/HYDROCORTISONE W/PEPTIDES & ARNICA CREA	NC		QUINOSONE	NC	
LOCOID LIPOCREAM	NP		RADIAURA CREA	NC	
LOCOID LOTN (<i>Use hydrocortisone butyrate</i>)	NP		SCALACORT DK	NC	
LOCOID LOTN (<i>Use hydrocortisone butyrate</i>)	NP		SCARZEN SKIN REPAIR	NC	
LUXIQ FOAM (<i>Use betamethasone valerate</i>)	NP		SERNIVO EMUL	NC	
<i>mometasone furoate CREA</i>	P	1 package(s) per fill retail	SYNALAR CREAM KIT	NC	
<i>mometasone furoate CREA</i>	NC	1 package(s) per fill retail	SYNALAR OINTMENT KIT	NC	
<i>mometasone furoate OINT</i>	NC	1 package(s) per fill retail	SYNALAR TS	NC	
<i>mometasone furoate OINT</i>	P	1 package(s) per fill retail	SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NP	
<i>mometasone furoate SOLN</i>	P	1 package(s) per fill retail	SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	NP	
<i>mometasone furoate SOLN</i>	NC	1 package(s) per fill retail	SYNALAR SOLN (<i>Use fluocinolone acetonide</i>)	NP	
NUCORT LOTN	NC		TACLONEX OINT (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP	
OLUX-E (<i>Use clobetasol propionate emulsion</i>)	NP		TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP	
OLUX FOAM (<i>Use clobetasol propionate</i>)	NP		TASOPROL KIT	NC	
PANDEL	NP		TEMOVATE CREA (<i>Use clobetasol propionate</i>)	NC	1 package(s) per fill retail
PANDEL	NC		TEXACORT SOLN 2.5 %	NP	
PRAMOSONE CREA (<i>Use pramoxine-hc</i>)	NC		TOPICORT CREA 0.25 % (<i>Use desoximetasone</i>)	NP	
PRAMOSONE CREA	NC		TOPICORT CREA 0.05 % (<i>Use desoximetasone</i>)	NP	1 package(s) per fill retail
PRAMOSONE LOTN	NC		TOPICORT GEL (<i>Use desoximetasone</i>)	NP	
PRAMOSONE OINT	NC		TOPICORT LIQD (<i>Use desoximetasone</i>)	NP	
<i>pramoxine-hc CREA 2.5 %-1 %</i>	NC		TOPICORT OINT (<i>Use desoximetasone</i>)	NP	
<i>pramoxine-hc GEL</i>	NC		TOPICORT OINT 0.05 % (<i>Use desoximetasone</i>)	NC	
<i>prednicarbate OINT</i>	NP				

Drug Name	Drug Tier	Requirements/Limits
TOPICORT OINT (<i>Use desoximetasone</i>)	NP	
<i>triamcinolone acetonide (topical)</i> AERS	NC	
<i>triamcinolone acetonide (topical)</i> CREA 0.025 %	P	QL(30 gm per fill retail)
<i>triamcinolone acetonide (topical)</i> CREA 0.5 %	P	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> CREA 0.1 %	NC	
<i>triamcinolone acetonide (topical)</i> CREA 0.5 %	NC	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> CREA 0.1 %	P	
<i>triamcinolone acetonide (topical)</i> LOTN	NC	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> LOTN	P	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> OINT 0.025 %, 0.5 %	P	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> OINT 0.05 %, 0.1 %	P	
<i>triamcinolone acetonide (topical)</i> OINT 0.5 %	NC	1 package(s) per fill retail
<i>triamcinolone acetonide (topical)</i> OINT 0.05 %	NC	
<i>triamcinolone acetonide-dimethicone-silicone</i>	NC	
TRIDESILON CREA 0.05 % (<i>Use desonide</i>)	NC	QL(2 gm daily)
TRILOCICLO	NC	
ULTRAVATE LOTN	NP	
ULTRAVATE LOTN	NP	
VANOS CREA (<i>Use fluocinonide</i>)	NP	
VERDESO FOAM	NC	
WYNZORA CREA	NC	
Eczema Agents		
CIBINQO	NP	SP

Drug Name	Drug Tier	Requirements/Limits
OPZELURA	NP	
OPZELURA	NP	
Emollient/Keratolytic Agents		
CEM-UREA SOLN	NC	
PRONAL GEL GEL	NC	
<i>urea in lactic acid vehicle</i>	NC	
<i>urea CREA 40 %</i>	C	RX/OTC
<i>urea CREA 10 %, 20 %, 39 %, 41 %, 45 %, 47 %</i>	NC	
<i>urea FOAM</i>	NC	
<i>urea GEL 45 %</i>	NC	
<i>urea LOTN 40 %</i>	C	
URESOL CREA	NC	
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	C	QL(385 gm per 31 day(s) retail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	C	QL(567 gm per 31 day(s) retail); RX/OTC
LACTIC ACID E	NC	
LACTIC ACID LOTN	NC	
Enzymes - Topical		
SANTYL OINT	NC	
Hair Growth Agents		
FINAPID	NC	
FINAPODTAR	NC	
FLYPROGPIDTAR	NC	
OXOPIDAXIAQUP	NC	
OXOPOD	NC	
PIDPROGTAR	NC	
PODOXIA	NC	
PODTAR	NC	
TETPIDTAR	NC	
Immunomodulating Agents - Topical		

Drug Name	Drug Tier	Requirements/Limits
<i>imiquimod 5 %</i>	P	QL(48 ea per 180 day(s) retail)
<i>imiquimod 3.75 %</i>	NP	
ZYCLARA (Use <i>imiquimod</i>)	NP	
ZYCLARA PUMP (Use <i>imiquimod</i>)	NP	
ZYCLARA PUMP	NP	
Immunosuppressive Agents - Topical		
ELIDEL (Use <i>pimecrolimus</i>)	P	QL(100 gm per 31 day(s) retail); AL(At least 2 yrs old)
HYFTOR	NP	
NUJO SOLN	NC	
OXIANUJI OINT	NC	
OXIANUJO CREA	NC	
<i>pimecrolimus</i>	NP	QL(100 gm per 31 day(s) retail); AL(At least 2 yrs old)
<i>tacrolimus (topical) OINT</i>	NP	
Keratolytic/Antimitotic/Vesicant Agents		
ACNESIC GEL	NC	
CONDYLOX GEL (Use <i>podofilox</i>)	NP	
DERMAREST PSORIASIS GEL	C	
GEAMETDRAY	NC	
GORDOFILM	NC	
KERALYT SCALP KIT	NC	
KERALYT GEL	C	
KERALYT GEL (Use <i>salicylic acid</i>)	NC	
METDRAY	NC	
PODOCON-25 SOLN	NC	
<i>podofilox GEL</i>	NP	
<i>podofilox SOLN</i>	NP	
PYROGALLIC ACID	NC	

Drug Name	Drug Tier	Requirements/Limits
RAYASAL CREA	NC	
SALICATE LIQD	NC	
<i>salicylic acid w/ cleanser</i>	NC	
<i>salicylic acid FOAM</i>	NC	
<i>salicylic acid GEL 6 %</i>	C	
<i>salicylic acid LIQD 2 %, 3 %, 17 %, 27.5 %</i>	NC	
<i>salicylic acid SHAM 6 %</i>	NC	
<i>salicylic acid SOLN 26 %, 28.5 %</i>	NC	
SALIMEZ FORTE CREA	NC	
SALIMEZ CREA	NC	
SALVAX DUO PLUS	NC	
SALYCIM CREA	NC	
UREA/SALICYLIC ACID CREA	NC	
Liniments		
TURPENTINE SPIRITS	NC	
Local Anesthetics - Topical		
ACCUCAINE	NC	
ANACAINE OINT	NC	
APRIZIO PAK	NC	
BRUSELIX CREA	NC	
BRUSELIX GEL	NC	
CADIRAMD	NC	
<i>capsaicin CREA 0.025 %, 0.075 %, 0.1 %</i>	C	1 package(s) per fill retail
CAPZASIN-HP CREA (Use <i>capsaicin</i>)	NC	1 package(s) per fill retail
CAPZASIN-P CREA	C	1 package(s) per fill retail
CASTIVA WARMING LOTN	C	1 package(s) per fill retail
CETACAINE AERO	NC	
CLEVER CHOICE COMFORT EZPATCH PTCH TD 20 %-4 %-1 %	NC	
DERMACINRX PHN PAK	NC	
DERMACINRX ZRM PAK	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DERMALID	NC		<i>lidocaine CREA 4 %</i>	C	1 package(s) per fill retail
<i>dibucaine</i>	C	1 package(s) per fill retail	<i>lidocaine OINT</i>	NC	
ELEMAR PATCH KIT	NC		<i>lidocaine-prilocaine CREA</i>	C	1 package(s) per fill retail
EMREAL	NC		<i>lidocaine-prilocaine KIT</i>	NC	
ENOVARX-LIDOCAINE HCL CREA	NC		<i>lidocaine PTCH 4 %, 5 %</i>	NC	
<i>ethyl chloride</i>	NC		<i>lidocaine-transparent dressing</i>	NC	
ETHYL CHLORIDE/FINE PINPOINT	NC		LIDOLITE	NC	
ETHYL CHLORIDE/FINE STREAM	NC		LIDOPIN CREA	NC	
ETHYL CHLORIDE/MEDIUM JET STREAM	NC		LIDOPURE PATCH	NC	
ETHYL CHLORIDE/MEDIUM STREAM	NC		LIDOSOL	NC	
ETHYL CHLORIDE/MIST	NC		LIDOSOL-50	NC	
L.E.T. GEL	NC		LIDOTHOL GEL	NC	
<i>lidocaine hcl CREA 3 %, 4 %</i>	C	1 package(s) per fill retail	LIDOTHOL PTCH	NC	
<i>lidocaine hcl GEL 2 %</i>	C	QL(1 ea daily; 30 ea per fill retail); RX/OTC	LIDOTOR	NC	
<i>lidocaine hcl LOTN</i>	NC		LIDOTRAL 1 PTCH	NC	
<i>lidocaine hcl SOLN</i>	NC		LIDOTRAL/MENTHOL LIQD	NC	
LIDOCAINE HYDROCHLORIDE/EPIN EPHRINE/TETRACAINE HYDROCHLORIDE GEL	NC		LIDOTRAL CREA	NC	
LIDOCAINE HYDROCHLORIDE/EPIN EPHRINE/TETRACAINE HYDROCHLORIDE SOLN	NC		LIDOTRAL GEL	NC	
LIDOCAINE HYDROCHLORIDE/RACE PINEPHRINE/TETRACAINE HYDROCHLOR	NC		LIDOTRAL SOLN	NC	
LIDOCAINE HYDROCHLORIDE CREA	NC		LIDOTRAN CREA	NC	
LIDOCAINE/TETRACAINE CREA 7 %-7 %	NC		LIDTOPIC CREA	NC	
			LMR PLUS	NC	
			LMX 4 CREA (<i>Use lidocaine</i>)	NC	1 package(s) per fill retail
			LYDEXA CREA	NC	
			NENDRUX	NC	
			PAINGO KFT	NC	
			PLIAGLIS CREA	NC	
			PLIAGLIS KIT	NC	
			PRAMOX GEL GEL	NC	
			PREMIUM SCAR PATCH	NC	
			PREPIV SUPPLY	NC	
			PRILOHEAL PLUS 30	NC	
			PRILOVIXIL	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUTENZA	NC		PRESERA FOAM	NC	
RA ARTHRITIS PAIN RELIEF CREA	C	1 package(s) per fill retail	SYNERDERM EMUL	NC	
REAL HEAL-I	NC		Misc. Topical		
SKYADERM-LP	NC		ARNICA FLOWER	NC	
SOOTHEE PTCH	NC		BASIS FACIAL MOISTURIZER CREA	C	
STERILE TOPICAL L.E.T. GEL GEL	NC		BASIS OVERNIGHT CREA	C	
SX1 MEDICATED POST-OPERATIVE SYSTEM	NC		BOUDREAUXS BUTT PASTE BUTT BARRIER OINT	NC	
SYNERA PTCH	NC		DERMACINRX CLORHEXACIN	NC	
TOPICAL L.E.T GEL	NC		DERMACINRX SURGICAL COMBOPAK	NC	
TRUBREXA PTCH	NC		DRYSOL SOLN	C	
VALLADERM-90	NC		EPICYN SOLN	NC	
VEINPUNCTURE PX1 PHLEBOTOMY SYSTEM	NC		EUCERIN ORIGINAL HEALING CREA (<i>Use skin protectants, misc.</i>)	NC	
WPR PLUS WOUND HEALING SYSTEM THPK	NC		HYCLODEX SOLN	NC	
XYLIDERM	NC		HYDROCERIN CREA	C	
ZILACAINE PATCH	NC		HYPOCYN ANTIPRURITIC GELSPRAY GEL	NC	
ZTLIDO PTCH	NC		HYPOCYN SOLN	NC	
Misc. Dermatological Products			<i>Ilanolin (topical) CREA</i>	C	
ALADERM PLUS EMUL	NC		<i>Ilanolin (topical) OINT</i>	C	
CERACADE EMUL	NC		LANOLOR CREA	C	
EMULSION SB EMUL	NC		NUSURGEPAK SURGICAL PREP/CAREPAK	NC	
ENTTY SPRAY EMUL	NC		PROSILK GEL GEL	NC	
EPICERAM EMUL	NC		QBREXZA	NC	
GENADUR KIT KIT CO	NC		SENSI-CARE MOISTURIZING CREA	C	
HPR PLUS HYDROGEL KIT KIT EX	NC		<i>skin protectants, misc. CREA</i>	C	
HPR PLUS FOAM	NC		SORBIDON HYDRATE CREA	C	
ILIDERM EMUL	NC				
KAMDOY EMUL	NC				
KIVIK EMUL	NC				
NEOSALUS FOAM	NC				
PENLEN EMUL	NC				
PHLAG SPRAY EMUL	NC				
PR CREAM KIT EX	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>zinc oxide (topical) OINT 20 %</i>	C	1 package(s) per fill retail	<i>metronidazole (topical) GEL 0.75 %</i>	NC	QL(45 gm per 31 day(s) retail)
Phosphodiesterase 4 (PDE4) Inhibitors - Topical			<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 gm per 31 day(s) retail)
EUCRISA	NP		<i>metronidazole (topical) LOTN</i>	P	
EUCRISA	NP		MIRVASO (<i>Use brimonidine tartrate (topical)</i>)	NC	
EUCRISA	NC		NORITATE CREA	NP	
Rosacea Agents			ORACEA (<i>Use doxycycline (rosacea)</i>)	NC	
AVEIDA	NC		RHOFADE	NP	
<i>azelaic acid GEL</i>	NP		ROSADAN KIT	NC	
<i>brimonidine tartrate (topical)</i>	NP		SOOLANTRA (<i>Use ivermectin (rosacea)</i>)	NC	
DAZAVEIDAOXIA	NC		ZILXI	NC	
DAZOMON	NC		Scabicides & Pediculicides		
<i>doxycycline (rosacea)</i>	NP		<i>crotamiton LOTN</i>	NP	1 package(s) per fill retail
FINACEA FOAM	NP		<i>crotamiton LOTN</i>	NP	
FINACEA GEL (<i>Use azelaic acid</i>)	P		LICEMD GEL	C	
IDAOXIA	NC		<i>malathion</i>	NP	
<i>ivermectin (rosacea)</i>	NP		NATROBA (<i>Use spinosad</i>)	P	
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NC	QL(45 gm per 31 day(s) retail)	NIX CREME RINSE LIQD EX (<i>Use permethrin</i>)	NC	
METROGEL GEL 1 % (<i>Use metronidazole (topical)</i>)	NC		OVIDE (<i>Use malathion</i>)	NP	QL(59 ml per fill retail); 2 max fill(s) per 31 day(s) retail
METROLOTION LOTN (<i>Use metronidazole (topical)</i>)	NC		<i>permethrin CREA</i>	P	QL(60 gm per fill retail)
<i>metronidazole (topical) CREA</i>	NP	QL(45 gm per 31 day(s) retail)	<i>permethrin LIQD EX</i>	NC	
<i>metronidazole (topical) CREA</i>	P	QL(45 gm per 31 day(s) retail)	<i>permethrin LIQD EX</i>	P	
<i>metronidazole (topical) CREA</i>	NC	QL(45 gm per 31 day(s) retail)	<i>pyrethrins-piperonyl butoxide LIQD</i>	C	
<i>metronidazole (topical) GEL 1 %</i>	P		<i>pyrethrins-piperonyl butoxide-permethrin-nit remover 4 %-0.33 %-0.5 %</i>	C	
<i>metronidazole (topical) GEL 0.75 %</i>	NP	QL(45 gm per 31 day(s) retail)			
<i>metronidazole (topical) GEL 1 %</i>	NP				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 %</i>	C		AMNIOTEXT/4CMX8CM SHEE	NC	
RID ESSENTIAL LICE ELIMINATION KIT KIT EX	C		AMNIOTEXT/8CMX8CM SHEE	NC	
SCHOOLTIME SHAMPOO SHAM	C	1 package(s) per 14 day(s) retail	B & C OINT	NC	
<i>spinosad</i>	NP	Limited to Age 6 months and older	BALSAM PERU & CASTOR OIL OINT	NC	
SULFURATED LIME	NC		BPCO OINT	NC	
Tar Products			CORETEXT SUSP 1 ML, 2 ML	NC	SP
<i>coal tar extract SHAM 0.5 %</i>	C		DYNAGINATE AG SILVER CALCIUM ALGINATE DRESSINGS PADS	NC	
<i>coal tar extract SOLN</i>	NC		DYNAGINATE AG SILVER CALCIUM ALGINATE ROPE DRESSING MISC	NC	
DHS TAR GEL SHAM (Use <i>coal tar extract</i>)	NC		FILSUVEZ	NC	
DHS TAR SHAM (Use <i>coal tar extract</i>)	NC		KARDIAMEMBRANE/4CM X8CM SHEE	NC	
NEUTROGENA T/GEL SHAM 0.5 % (Use <i>coal tar extract</i>)	NC		KARDIAMEMBRANE/6CM X8CM SHEE	NC	
Wound Care Products			KARDIAMEMBRANE/8CM X8CM SHEE	NC	
AMNIOCORE AMNIOTIC MEMBRANE/2CM X 12CM SHEE	NC	SP	KERASTAT CREA	NC	
AMNIOCORE AMNIOTIC MEMBRANE/4CM X 8CM SHEE	NC		KERASTAT GEL	NC	
AMNIOCORE AMNIOTIC MEMBRANE/6CM X 16CM SHEE	NC	SP	LAVARE WOUND WASH GEL	NC	
AMNIOCORE AMNIOTIC MEMBRANE/6CM X 9CM SHEE	NC	SP	LUXAMEND CREA	NC	
AMNIOCORE AMNIOTIC MEMBRANE/9CM X 20CM SHEE	NC	SP	MICROCYN SKIN AND WOUND HYDROGEL GEL	NC	
AMNIOTEXT/10CMX10CM SHEE	NC	SP	MICROCYN GEL	NC	
AMNIOTEXT/1CMX1CM SHEE	NC		NOVACHOR	NC	SP
			NUCEL	NC	
			NUCEL	NC	SP
			NUSHIELD 1.6CM DISK	NC	
			OMEZA COLLAGEN MATRIX	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OSTEOCONDUCTIVE MATRIX PLUS	NC	SP	PALINGEN XPLUS HYDROMEMBRANE/4CM X8CM SHEE	NC	
PALINGEN FLOW	NC		PALINGEN XPLUS HYDROMEMBRANE/8CM X8CM SHEE	NC	
PALINGEN HYDROMEMBRANE/1CM X1CM SHEE	NC		PALINGEN XPLUS MEMBRANE/1CMX1CM SHEE	NC	
PALINGEN HYDROMEMBRANE/2CM X6CM SHEE	NC		PALINGEN XPLUS MEMBRANE/2CMX6CM SHEE	NC	
PALINGEN HYDROMEMBRANE/2CM X9CM SHEE	NC		PALINGEN XPLUS MEMBRANE/2CMX9CM SHEE	NC	
PALINGEN HYDROMEMBRANE/8CM X4CM SHEE	NC		PALINGEN XPLUS MEMBRANE/4CMX8CM SHEE	NC	
PALINGEN HYDROMEMBRANE/8CM X8CM SHEE	NC		PALINGEN XPLUS MEMBRANE/8CMX8CM SHEE	NC	
PALINGEN INOVOFLO INJ	NC		PROTEXT SUSP	NC	SP
PALINGEN MEMBRANE/1CMX1CM SHEE	NC		REGENECARE	NC	
PALINGEN MEMBRANE/2CMX6CM SHEE	NC		REGRANEX	NC	
PALINGEN MEMBRANE/2CMX9CM SHEE	NC		STRATAGRAFT	NC	
PALINGEN MEMBRANE/4CMX8CM SHEE	NC		VENELEX OINT	NC	
PALINGEN MEMBRANE/8CMX8CM SHEE	NC		XEROFORM NON-OCCLUSIVE OIL EMULSION GAUZE STRIP 5"X9" PADS	NC	
PALINGEN XPLUS HYDROMEMBRANE/1CM X1CM SHEE	NC		XEROFORM NON-OCCLUSIVE OIL EMULSION PATCH 2"X2" PADS	NC	
PALINGEN XPLUS HYDROMEMBRANE/2CM X6CM SHEE	NC		XEROFORM NON-OCCLUSIVE OIL EMULSION STRIP/OVERWRAP 1"X8" MISC	NC	
PALINGEN XPLUS HYDROMEMBRANE/2CM X9CM SHEE	NC		XEROFORM NON-OCCLUSIVE ROLL MISC	NC	
			XEROFORM OCCLUSIVE GAUZEPATCH PADS	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XEROFORM OCCLUSIVE GAUZESTRIP 1"X8" PADS	NC		ALTERNARIA ALTERNATA	NC	
XEROFORM OCCLUSIVE PETROLATUM GAUZE ROLL 4"X9' MISC	NC		AMERICAN ELM POLLEN EXTRACT	NC	
XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP 1"X8" MISC	NC		AMERICAN LOBSTER ALLERGENIC EXTRACT	NC	
XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP 5"X9" MISC	NC		APLISOL	NC	
XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 1"X8" MISC	NC		APPLE ALLERGENIC EXTRACT	NC	
XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	NC		ASPERGILLUS FUMIGATUS EXTRACT IJ	NC	
XEROFORM OCCLUSIVE PETROLATUM GAUZE PATCH 2"X2" PADS	NC		ATLANTIC COD ALLERGENIC EXTRACT	NC	
XEROFORM OCCLUSIVE PETROLATUM GAUZE PATCH 4"X4" PADS	NC		ATLANTIC SALMON ALLERGENIC EXTRACT	NC	
XEROFORM PETROLATUM DRESSING 4"X4" PADS	NC		ATLANTIC/EASTERN OYSTER ALLERGENIC EXTRACT	NC	
XEROFORM PETROLATUM DRESSING 5"X9" PADS	NC		BANANA ALLERGENIC EXTRACT	NC	
ZENIFIBER AG 4"X5" PADS	NC		BEEF ALLERGENIC EXTRACT	NC	
ZENIFIBER AG 6"X6" PADS	NC		BLACK WALNUT POLLEN EXTRACT/CA	NC	
ZENIFIBER AG 8"X8" PADS	NC		BLACK WILLOW POLLEN EXTRACT	NC	
DIAGNOSTIC PRODUCTS			BLUE CRAB ALLERGENIC EXTRACT	NC	
Diagnostic Biologicals			BRAZIL NUT ALLERGENIC EXTRACT	NC	
ALMOND ALLERGENIC EXTRACT	NC		BROWN SHRIMP ALLERGENIC EXTRACT	NC	
			CANDIDA ALBICANS ID	NC	
			CANDIDA ALBICANS SKIN TEST ANTIGEN IJ	NC	
			CANDIN ID	NC	
			CASHEW NUT ALLERGENIC EXTRACT	NC	
			CELERY ALLERGENIC EXTRACT	NC	
			CHICKEN MEAT ALLERGENIC EXTRACT	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
COCONUT ALLERGENIC EXTRACT	NC		SEA SCALLOPS ALLERGENIC EXTRACT	NC	
CORN ALLERGENIC EXTRACT	NC		SESAME SEED ALLERGENIC EXTRACT	NC	
COW MILK ALLERGENIC EXTRACT	NC		SOYBEAN ALLERGENIC EXTRACT	NC	
EASTERN COTTONWOOD POLLEN EXTRACT	NC		SPHERUSOL	NC	
ENGLISH WALNUT ALLERGENIC EXTRACT	NC		STRAWBERRY ALLERGENIC EXTRACT	NC	
HAZELNUT (FILBERT) ALLERGENIC EXTRACT	NC		SWEET CHERRY ALLERGENIC EXTRACT	NC	
LAMBS QUARTERS POLLEN EXTRACT	NC		T.R.U.E. TEST	NC	
MOSQUITO EXTRACT	NC		TOMATO ALLERGENIC EXTRACT	NC	
MOUNTAIN CEDAR POLLEN EXTRACT	NC		TUBERSOL	NC	
NORTHERN QUAHOG CLAM ALLERGENIC EXTRACT	NC		WESTERN JUNIPER POLLEN EXTRACT	NC	
OAT ALLERGENIC EXTRACT	NC		WHITE ALDER POLLEN EXTRACT	NC	
ORANGE ALLERGENIC EXTRACT	NC		WHITE POTATO ALLERGENIC EXTRACT	NC	
PEANUT ALLERGENIC EXTRACT	NC		WHOLE GRAIN BARLEY ALLERGENIC EXTRACT	NC	
PECAN ALLERGENIC EXTRACT	NC		WHOLE WHEAT ALLERGENIC EXTRACT	NC	
PENICILLIUM CHRYSOGENUM VAR CHRYSOGENUM EXTRACT IJ	NC		Diagnostic Drugs		
PINEAPPLE ALLERGENIC EXTRACT	NC		ARIDOL	NC	
PORK ALLERGENIC EXTRACT	NC		BLUDIGO IV	NC	
RED MAPLE POLLEN EXTRACT	NC		CYSVIEW	NC	
RED OAK POLLEN EXTRACT	NC		CYTALUX	NC	
RICE ALLERGENIC EXTRACT	NC		GLEOLAN	NC	
			HISTATROL ID 0.275 MG/ML	NC	
			<i>isosulfan blue</i>	NC	
			MACRILEN	NC	
			METOPIRONE	NC	
			PRE-PEN	NC	
			PROVOCHOLINE SOLR	NC	
			SPY AGENT GREEN IJ	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SPY-MIS KIT IJ	NC		AZO VAGINAL PH TEST	NC	
SPY-PHI KIT IJ	NC		BD VERITOR SYSTEM FOR RAPID DETECTION OF GROUP A STREP	NC	
THYROGEN 0.9 MG	NC	SP	BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2&FLU A+B	NC	
Diagnostic Products, Misc.			CARESENS N BLOOD GLUCOSETEST STRIPS STRP	NC	RX/OTC
CERVICAL SPECIMEN COLLECTION/SWAB/CE RVISOFT/FOAM TIP	NC		CHEMSTRIP-K STRP	C	
Diagnostic Radiopharmaceuticals			CHOLESTEROL & LIPID TEST	NC	
AMMONIA N 13	NC		COBAS LIAT SARS-COV-2-ABASSAY	NC	
AXUMIN	NC		COBAS LIAT SARS-COV-2-ABCONTROL	NC	
CARDIOGEN-82	NC		DX1 ORAGENOMIC MEDICATEDDNA COLLECTION SCREEN	NC	
DETECTNET	NC		DX2 ORAGENOMIC MEDICATEDDNA COLLECTION SCREEN	NC	
FLUDEOXYGLUCOSE F 18	NC		EASY MAX BLOOD GLUCOSE TEST STRIP STRP	NC	RX/OTC
FLUORODOPA F 18	NC		EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP	NC	RX/OTC
GALLIUM CITRATE GA 67	NC		FASTEP COVID-19 ANTIGEN HOME TEST KIT	NC	
GALLIUM GA 68 GOZETOTIDE SOLN	NC		GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	NC	
ILLUCCIX CONFIGURATION A KIT	NC		HOME PAP KIT	NC	
ILLUCCIX CONFIGURATION B KIT	NC		ID NOW INFLUENZA A & B 2	NC	
INDIUM IN 111 DTPA	NC		ID NOW INFLUENZA A & B 2CONTROL SWAB KIT	NC	
LEU TECHNELITE	NC		ID NOW RSV	NC	
LOCAMETZ KIT	NC				
NEURACEQ	NC				
POSLUMA	NC				
PYLARIFY	NC				
SODIUM FLUORIDE F 18	NC				
SODIUM IODIDE I-123	NC				
TAUVID	NC				
TECHNELITE	NC				
XENON XE 133	NC				
Diagnostic Tests					
ADVIN COVID-19 ANTIGEN HOME TEST KIT	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ID NOW RSV CONTROL SWAB	NC		QUICKVUE IN-LINE STREP ATEST	NC	
ID NOW STREP A2	NC		RELION KETONE TEST STRIPS STRP	C	
ID NOW STREP A2 CONTROL SWAB	NC		SOFIA INFLUENZA A+B FIA	NC	
KETONE TEST STRIPS STRP	C		SOFIA STREP A FIA	NC	
KETONE STRP	C		SOFIA STREP A+ FIA	NC	
KETOSTIX STRP	C		SOFIA2 FLU/SARS ANTIGEN FIA	NC	
LUCIRA COVID-19 & FLU TEST	NC		SPEEDY SWAB RAPID COVID-19 ANTIGEN SELF-TEST KIT	NC	
MEDICATED BUCCAL DNA COLLECTION KIT	NC		STATUS COVID-19/FLU A&B	NC	
MEDICATED BUCCAL DNA COLLECTION KIT 2	NC		UDSX MEDICATED SYSTEM	NC	
MEDICATED DNA COLLECTIONKIT	NC		UDSXMP MEDICATED SYSTEM	NC	
MM BLULINK GLUCOSE TEST STRIPS STRP	NC	RX/OTC	URINX MEDICATED SPECIMENCOLLECTION PACKAGE	NC	
ONETOUCH ULTRA STRP	P	Limit 150 per 30 days insulin users;100 per 90 days non-insulin user; RX/OTC	VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP	NC	RX/OTC
ONETOUCH ULTRA STRP	NC	Limit 150 per 30 days insulin users;100 per 90 days non-insulin user; RX/OTC	Digital Diagnostic Aids		
ONETOUCH VERIO TEST STRIPS STRP	P	Limit 150 per 30 days insulin users;100 per 90 days non-insulin user; RX/OTC	CANVAS DX DIAGNOSIS AID,AUTISM SPECTRUM DISORDER	NC	
PRO DNA COLLECTION KIT	NC		Miscellaneous Contrast Media		
QUICKVUE + STREP A TEST	NC		ELUCIREM	NC	
QUICKVUE DIPSTICK STREP A TEST	NC		EXEM	NC	
QUICKVUE INFLUENZA A+B TEST	NC		<i>gadoterate meglumine SOLN 2.5 MMOL/5ML</i>	NC	
			VUEWAY	NC	
			XENOVIEW	NC	
			Radiographic Contrast Media		
			BARIUM SULFATE POWD	NC	
			CYSTO-CONRAY II UR	NC	

Drug Name	Drug Tier	Requirements/Limits
CYSTOGRAFIN UR	NC	
CYSTOGRAFIN-DILUTE UR	NC	
E-Z-DISK TABS	NC	
E-Z-HD SUSR 98 %	NC	
E-Z-PAQUE SUSR	NC	
E-Z-PASTE CREA 60 %	NC	
GASTROGRAFIN OR	NC	
LIPIODOL	NC	
LIQUID E-Z-PAQUE SUSP OR	NC	
LIQUID POLIBAR PLUS SUSP CO	NC	
NEULUMEX SUSP OR	NC	
OMNIPAQUE SOLN CO 300 MG/ML, 350 MG/ML	NC	
READI-CAT 2 BANANA SMOOTHIE SUSP OR	NC	
READI-CAT 2 BERRY SMOOTHIE SUSP OR	NC	
READI-CAT 2 CREAMY VANILLA SMOOTHIE SUSP OR	NC	
READI-CAT 2 MOCHACCINO SMOOTHIE SUSP OR	NC	
READI-CAT 2 SUSP OR 2 %	NC	
SITZMARKS FOR KIDS CAPS	NC	
SITZMARKS CAPS	NC	
TAGITOL V SUSP OR	NC	
VARIBAR NECTAR SUSP OR	NC	
VARIBAR THIN LIQUID SUSR	NC	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS		
Dietary Management Products		
CEREFOLIN	NC	

Drug Name	Drug Tier	Requirements/Limits
CEREFOLIN NAC 600 MG-2 MG-6 MG-90.314 MG	NC	
ELFOLATE PLUS TABS	NC	
FOLBIC RF TABS	NC	
FOLTANX RF	NC	
FOLTANX TABS	NC	
FOLTX TABS	NC	
LEVOMEFOLATE CALCIUM/N-ACETYLCYSTEINE/MEC OBALAMIN/ALGAL POWD	NC	
L-METHYL-B6-B12 TABS	NC	
L-METHYLFOLATE CA ME-CBLNAC	NC	
L-METHYLFOLATE CA/P-5-P/ME-CBL	NC	
L-METHYL-MC	NC	
METAFOLBIC	NC	
METAFOLBIC PLUS RF	NC	
METANX	NC	
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	P	Smart PA
CREON CPEP	NC	Smart PA
PERTZYE CPEP	NP	
PERTZYE CPEP	NP	
VIOKACE TABS	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZENPEP CPEP 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT-47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	P		<i>triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG</i>	C	QL(2 ea daily)
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure			Loop Diuretics		
Carbonic Anhydrase Inhibitors			<i>bumetanide SOLN 0.25 MG/ML</i>	NC	
<i>acetazolamide sodium</i>	NC		<i>bumetanide TABS</i>	C	
<i>acetazolamide CP12</i>	C		BUMEX TABS 0.5 MG (Use bumetanide)	NC	
<i>acetazolamide TABS</i>	C		<i>ethacrynate sodium</i>	NC	
<i>dichlorphenamide</i>	NC	SP	<i>ethacrynic acid</i>	NC	
<i>methazolamide TABS</i>	C		<i>furosemide SOLN OR 10 MG/ML, 40 MG/5ML</i>	C	
Diuretic Combinations			<i>furosemide SOLN IJ 10 MG/ML</i>	NC	
ALDACTAZIDE (Use spironolactone & hydrochlorothiazide)	NC		<i>furosemide TABS</i>	C	
ALDACTAZIDE	NC		LASIX TABS (Use furosemide)	NC	
<i>amiloride & hydrochlorothiazide</i>	C	QL(1 ea daily)	SOAANZ TABS 40 MG, 60 MG	NC	
MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	NC	QL(2 ea daily)	SOAANZ TABS 20 MG	C	
MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	NC		<i>torseamide TABS 20 MG</i>	C	
<i>spironolactone & hydrochlorothiazide</i>	C		<i>torseamide TABS 5 MG, 10 MG, 100 MG</i>	C	QL(1 ea daily)
<i>triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG</i>	C		Osmotic Diuretics		
<i>triamterene & hydrochlorothiazide TABS 50 MG-75 MG</i>	C		<i>mannitol 10 %, 20 %, 25 %</i>	NC	
			Potassium Sparing Diuretics		
			ALDACTONE TABS (Use spironolactone)	NC	
			<i>amiloride hcl TABS</i>	C	QL(4 ea daily)
			<i>spironolactone SUSP</i>	NC	
			<i>spironolactone TABS</i>	C	
			<i>triamterene CAPS</i>	NC	
			Thiazides and Thiazide-Like Diuretics		
			<i>chlorothiazide sodium</i>	NC	
			<i>chlorthalidone 25 MG, 50 MG</i>	C	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DIURIL SUSP	NC		FOSAMAX PLUS D	NP	
<i>hydrochlorothiazide CAPS</i>	C		FOSAMAX TABS 70 MG (Use <i>alendronate sodium</i>)	NP	QL(0.15 ea daily)
<i>hydrochlorothiazide TABS 12.5 MG</i>	NC		<i>ibandronate sodium TABS</i>	P	
<i>hydrochlorothiazide TABS 25 MG, 50 MG</i>	C		MIACALCIN IJ (Use <i>calcitonin (salmon)</i>)	NC	QL(2 ml per fill retail)
<i>indapamide TABS 1.25 MG, 2.5 MG</i>	C		<i>risedronate sodium TABS 5 MG, 35 MG, 150 MG</i>	NP	
<i>metolazone</i>	C		<i>risedronate sodium TABS 5 MG, 30 MG, 35 MG</i>	NC	
SODIUM DIURIL (Use <i>chlorothiazide sodium</i>)	NC		<i>risedronate sodium TABS 5 MG, 30 MG</i>	NP	QL(1 ea daily)
ENDOCRINE AND METABOLIC AGENTS - MISC.					
- Drugs to Treat Bone Disease and Regulate Hormones					
Bone Density Regulators					
ACTONEL TABS 35 MG, 150 MG (Use <i>risedronate sodium</i>)	NP		<i>risedronate sodium TABS 35 MG</i>	NP	QL(4 ea per 28 day(s) retail)
<i>alendronate sodium SOLN</i>	NP		<i>risedronate sodium TBEC</i>	NC	
<i>alendronate sodium TABS 10 MG</i>	P	QL(1 ea daily)	<i>risedronate sodium TBEC</i>	NP	
<i>alendronate sodium TABS 5 MG</i>	C	QL(1 ea daily)	<i>teriparatide (recombinant) SOPN</i>	P	
<i>alendronate sodium TABS 35 MG, 70 MG</i>	NC	QL(0.15 ea daily)	TYMLOS	NP	
<i>alendronate sodium TABS 10 MG</i>	NC	QL(1 ea daily)	TYMLOS	NP	SP
<i>alendronate sodium TABS 35 MG, 70 MG</i>	P	QL(0.15 ea daily)	GnRH/LHRH Antagonists		
ATELVIA TBEC (Use <i>risedronate sodium</i>)	NP	QL(4 ea per 28 day(s) retail)	ORLISSA	NC	SP
BINOSTO TBEF	NC		Growth Hormone Releasing Hormones (GHRH)		
BINOSTO TBEF	NP		EGRIFTA 2 MG	NC	SP
<i>calcitonin (salmon) NA</i>	P	1 package(s) per fill retail	EGRIFTA SV	NC	SP
<i>calcitonin (salmon) IJ</i>	C	QL(2 ml per fill retail)	Growth Hormones		
FORTEO SOPN (Use <i>teriparatide (recombinant)</i>)	NP	SP	NGENLA	NP	
			NORDITROPIN FLEXPRO SOPN	P	SP
			OMNITROPE SOCT	NC	
			OMNITROPE SOLR SC	NC	
			SKYTROFA	NP	
			ZOMACTON SOLR SC	NP	SP
			ZOMACTON SOLR SC 10 MG	NC	SP
			Hormone Receptor Modulators		
			EVISTA (Use <i>raloxifene hcl</i>)	NC	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
EVISTA (<i>Use raloxifene hcl</i>)	NP	QL(1 ea daily)
OSPHENA	NC	
<i>raloxifene hcl</i>	NC	QL(1 ea daily)
<i>raloxifene hcl</i>	NP	QL(1 ea daily)
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI SC	NC	SP
Menopausal Symptoms Suppressants		
VEOZAH	NC	
Metabolic Modifiers		
BRINEURA	NC	SP
<i>calcitriol CAPS</i>	C	
<i>calcitriol SOLN IV</i>	NC	
<i>carglumic acid</i>	NC	SP
CARNITOR SF SOLN OR (<i>Use levocarnitine (metabolic modifiers)</i>)	NC	QL(30 ml daily)
CARNITOR SOLN OR 1 GM/10ML (<i>Use levocarnitine (metabolic modifiers)</i>)	NC	QL(30 ml daily)
CARNITOR TABS (<i>Use levocarnitine (metabolic modifiers)</i>)	NC	QL(3 ea daily)
<i>doxercalciferol CAPS</i>	NC	
<i>doxercalciferol SOLN</i>	NC	
GALAFOLD	NC	QL(0.5 ea daily); SP
L-CARNITINE SOLN IJ	NC	
<i>levocarnitine (metabolic modifiers) SOLN IV 200 MG/ML</i>	NC	
<i>levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML</i>	C	QL(30 ml daily)
<i>levocarnitine (metabolic modifiers) TABS</i>	C	QL(3 ea daily)
NEXVIAZYME	NC	SP

Drug Name	Drug Tier	Requirements/Limits
NULIBRY	NC	SP
<i>paricalcitol CAPS</i>	NC	
PHEBURANE PLLT	NC	
RAYALDEE	NC	
ROCALTROL CAPS (<i>Use calcitriol</i>)	NC	
<i>sod benzoate & sod phenylacetate</i>	NC	
Mineralocorticoid Receptor Antagonists		
KERENDIA	NC	
Posterior Pituitary Hormones		
DDAVP TABS (<i>Use desmopressin acetate</i>)	NC	QL(6 ea daily)
<i>desmopressin acetate spray</i>	NC	QL(5 ml per fill retail)
<i>desmopressin acetate spray refrigerated</i>	NC	QL(5 ml per fill retail)
<i>desmopressin acetate TABS</i>	C	QL(6 ea daily)
NOCDURNA SUBL	NC	
VASOPRESSIN/DEXTRO SE SOLN 20 UNIT/100ML-5 %, 50 UNIT/50ML-5 %	NC	
VASOPRESSIN/DEXTRO SE SOSY	NC	
VASOPRESSIN/SODIUM CHLORIDE SOLN 0.9 %-20 UNIT/100ML, 0.9 %-40 UNIT/100ML	NC	
VASOPRESSIN/SODIUM CHLORIDE SOSY	NC	
<i>vasopressin SOLN IV</i>	NC	
VASOPRESSIN SOSY	NC	
VASOSTRICT SOLN IV	NC	
Prolactin Inhibitors		
<i>cabergoline</i>	NC	
Somatostatic Agents		
<i>octreotide acetate SOSY</i>	NC	SP

Drug Name	Drug Tier	Requirements/Limits
SANDOSTATIN LAR DEPOT KIT	NC	SP
Vasopressin Receptor Antagonists		
VAPRISOL	NC	
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	NC	QL(1 ea daily)
ANGELIQ	NC	
BIJUVA	NC	
CLIMARA PRO	NC	
COMBIPATCH PTTW	C	Limit 8 patches per month; QL(0.286 ea daily)
DUAVEE	NC	
<i>estradiol & norethindrone acetate TABS</i>	C	QL(1 ea daily)
MYFEMBREE	NC	
<i>norethindrone acetate-ethinyl estradiol</i>	C	
PREFEST	NC	
PREMPHASE	NC	
PREMPRO	C	
Estrogens		
ALORA PTTW	C	Limit 8 patches per month; QL(0.286 ea daily)
CLIMARA PTWK (<i>Use estradiol</i>)	NC	Limit 4 patches per month; QL(0.143 ea daily)
DEPO-ESTRADIOL	NC	
EC-RX ESTRADIOL 0.4% CREA	NC	
EC-RX ESTRADIOL 0.6% CREA	NC	

Drug Name	Drug Tier	Requirements/Limits
ELESTRIN GEL	NC	
ESTRACE TABS (<i>Use estradiol</i>)	NC	
<i>estradiol valerate</i>	NC	
<i>estradiol GEL 0.06 %, 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM</i>	NC	
<i>estradiol PTTW 0.0375 MG/24HR</i>	C	QL(0.286 ea daily)
<i>estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i>	C	Limit 8 patches per month; QL(0.286 ea daily)
<i>estradiol PTWK</i>	C	Limit 4 patches per month; QL(0.143 ea daily)
<i>estradiol TABS</i>	C	
EVAMIST SOLN	NC	
MENEST	NC	
MENOSTAR PTWK	NC	
MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>Use estradiol</i>)	NC	Limit 8 patches per month; QL(0.286 ea daily)
MINIVELLE PTTW 0.0375 MG/24HR (<i>Use estradiol</i>)	NC	QL(0.286 ea daily)
PREMARIN SOLR	NC	
PREMARIN TABS	C	QL(1 ea daily)
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>Use estradiol</i>)	NC	Limit 8 patches per month; QL(0.286 ea daily)
VIVELLE-DOT PTTW 0.0375 MG/24HR (<i>Use estradiol</i>)	NC	QL(0.286 ea daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	P	
<i>ciprofloxacin hcl TABS 250 MG, 500 MG, 750 MG</i>	NC	
<i>ciprofloxacin hcl TABS 100 MG</i>	P	QL(6 ea per fill retail)
<i>ciprofloxacin in d5w</i>	NC	
<i>ciprofloxacin SUSR 5 GM/100ML, 500 MG/5ML</i>	NP	
CIPRO SUSR	NP	
CIPRO TABS 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i>)	NP	
<i>levofloxacin in d5w</i>	NC	
<i>levofloxacin SOLN OR</i>	NC	
<i>levofloxacin SOLN OR</i>	NP	
<i>levofloxacin SOLN IV</i>	NC	
<i>levofloxacin TABS</i>	NC	QL(14 ea per fill retail)
<i>levofloxacin TABS</i>	P	QL(14 ea per fill retail)
<i>moxifloxacin hcl in sodium chloride</i>	NC	
<i>moxifloxacin hcl TABS</i>	NP	
<i>moxifloxacin hcl TABS</i>	NC	
<i>ofloxacin 300 MG</i>	NP	
<i>ofloxacin 400 MG</i>	NP	QL(56 ea per fill retail)
<i>ofloxacin 300 MG</i>	NC	
<i>ofloxacin 400 MG</i>	NC	QL(56 ea per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY 2 MG	NC	
MOTEGRITY	NP	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE	NP	

Drug Name	Drug Tier	Requirements/Limits
TRULANCE	NC	
Antiflatulents		
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use <i>simethicone</i>)	NC	
MYLICON INFANTS GAS RELIEF SUSP (Use <i>simethicone</i>)	NC	
<i>simethicone CHEW 80 MG</i>	C	
<i>simethicone LIQD OR 20 MG/0.3ML</i>	C	
<i>simethicone SUSP</i>	C	
Gallstone Solubilizing Agents		
RELTONE CAPS	NC	
URSO 250 TABS (Use <i>ursodiol</i>)	NC	QL(7 ea daily)
URSODIOL/SYRSPEND SF PH4 SUSP	NC	
<i>ursodiol CAPS</i>	C	
URSODIOL CAPS	NC	
<i>ursodiol TABS 250 MG</i>	C	QL(7 ea daily)
<i>ursodiol TABS 500 MG</i>	NC	
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis)</i>	NC	
Gastrointestinal Chloride Channel Activators		
AMITIZA (Use <i>lubiprostone</i>)	P	
<i>lubiprostone</i>	NP	
Gastrointestinal Stimulants		
GIMOTI SOLN NA	NP	SP
<i>metoclopramide hcl SOLN IJ 5 MG/ML</i>	NC	
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML</i>	NC		DELZICOL CPDR (<i>Use mesalamine</i>)	NP	
<i>metoclopramide hcl TABS</i>	P		DIPENTUM	NP	
<i>metoclopramide hcl TABS</i>	NC		ENTYVIO SOPN	NP	
<i>metoclopramide hcl TBDP</i>	NC		INFLECTRA SOLR	NC	SP
REGLAN TABS (<i>Use metoclopramide hcl</i>)	NP		LIALDA TBEC (<i>Use mesalamine</i>)	NP	
Hepatotropics			<i>mesalamine w/ cleanser</i>	NP	
REZDIFFRA	NC		<i>mesalamine CP24</i>	NP	
Ileal Bile Acid Transporter (IBAT) Inhibitors			<i>mesalamine CP24</i>	NC	
BYLVAY (PELLETS) CPSP	NC	SP	<i>mesalamine CPDR</i>	NP	
BYLVAY CAPS	NC	SP	<i>mesalamine ENEM</i>	P	QL(60 ml daily)
Inflammatory Bowel Agents			<i>mesalamine SUPP</i>	NC	
APRISO CP24 (<i>Use mesalamine</i>)	P		<i>mesalamine SUPP</i>	P	
ASACOL HD TBEC (<i>Use mesalamine</i>)	NC	QL(3 ea daily)	<i>mesalamine TBEC 800 MG</i>	NP	QL(3 ea daily)
AVSOLA	NC	SP	<i>mesalamine TBEC 1.2 GM</i>	NP	
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NP		OMVOH SOAJ	NP	
AZULFIDINE EN-TABS TBEC (<i>Use sulfasalazine</i>)	NC		PENTASA CPCR (<i>Use mesalamine</i>)	P	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP		RENFLEXIS	NC	SP
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NC		ROWASA (<i>Use mesalamine w/ cleanser</i>)	NP	
AZULFIDINE TABS (<i>Use sulfasalazine</i>)	NP		ROWASA (<i>Use mesalamine w/ cleanser</i>)	NP	
<i>balsalazide disodium CAPS</i>	P		SFROWASA ENEM	NP	
CANASA SUPP (<i>Use mesalamine</i>)	NP		SFROWASA ENEM	NP	
CIMZIA STARTER KIT PSKT	NP	SP	SKYRIZI SOCT	NP	
CIMZIA KIT	NP	SP	STELARA 130 MG/26ML	NC	SP
CIMZIA PSKT	NP	SP	<i>sulfasalazine TABS</i>	NC	
COLAZAL CAPS (<i>Use balsalazide disodium</i>)	NP	QL(9 ea daily)	<i>sulfasalazine TABS</i>	P	
			<i>sulfasalazine TBEC</i>	P	
			ZYMFENTRA 2-PEN AJKT	NP	
			Intestinal Acidifiers		
			<i>lactulose (encephalopathy)</i>	P	

Drug Name	Drug Tier	Requirements/Limits
<i>lactulose (encephalopathy)</i>	NC	
Irritable Bowel Syndrome (IBS) Agents		
<i>alose tron hcl</i>	NC	
<i>alose tron hcl</i>	NP	
IBSRELA	NP	
LINZESS	P	
LOTRONEX (<i>Use alose tron hcl</i>)	NP	
VIBERZI	NP	
Live Fecal Microbiota		
REBYOTA	NC	
Peripheral Opioid Receptor Antagonists		
<i>alvimopan</i>	NC	
ENTEREG (<i>Use alvimopan</i>)	NC	
MOVANTIK	P	
RELISTOR SOLN	NP	
RELISTOR SOLN	NP	
RELISTOR TABS	NP	
Peroxisome Proliferator-Activated Receptor(PPAR) Agonists		
IQIRVO	NC	
Phosphate Binder Agents		
AURYXIA	NP	
<i>calcium acetate (phosphate binder) CAPS</i>	NC	
<i>calcium acetate (phosphate binder) CAPS</i>	P	
FOSRENOL CHEW (<i>Use lanthanum carbonate</i>)	NP	
FOSRENOL PACK	NP	
FOSRENOL PACK	NP	
<i>lanthanum carbonate CHEW</i>	NP	
PHOSLYRA SOLN	NP	

Drug Name	Drug Tier	Requirements/Limits
RENAGEL (<i>Use sevelamer hcl</i>)	NP	
REVELA PACK (<i>Use sevelamer carbonate</i>)	NP	
REVELA TABS (<i>Use sevelamer carbonate</i>)	NP	
<i>sevelamer carbonate PACK</i>	NP	
<i>sevelamer carbonate TABS</i>	P	
<i>sevelamer carbonate TABS</i>	NC	
<i>sevelamer hcl</i>	NP	
VELPHORO	NP	
GENERAL ANESTHETICS		
Anesthetics - Misc.		
KETAMINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN	NC	
KETAMINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN	NC	
KETAMINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY IJ 100 MG/10ML-0.9 %, 50 MG/5ML-0.9 %	NC	
KETAMINE HYDROCHLORIDE SOSY IJ	NC	
KETAMINE HYDROCHLORIDE TROC	NC	
Volatile Anesthetics		
<i>desflurane</i>	NC	
<i>isoflurane</i>	NC	
<i>sevoflurane</i>	NC	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
K-PHOS NO 2	NC		<i>alfuzosin hcl</i>	NC	
Alkalinizers			<i>alfuzosin hcl</i>	P	
ORACIT	NC		AVODART (Use dutasteride)	NP	
ORAL CITRATE	NC		AVODART (Use dutasteride)	NC	
<i>pot & sod citrates w/citric ac SOLN</i>	NC		CARDURA XL	NP	
<i>potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG</i>	C		CARDURA XL	NP	
<i>potassium citrate (alkalinizer) TBCR 15 MEQ, 1620 MG</i>	NC		CARDURA XL	NC	
<i>potassium citrate-citric acid PACK</i>	NC		<i>dutasteride</i>	P	
<i>sodium citrate & citric acid</i>	C	QL(16.67 ml daily); RX/OTC	<i>dutasteride</i>	NC	
UROCI-K 10 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NC		<i>dutasteride-tamsulosin hcl</i>	NP	
UROCI-K 5 TBCR (Use <i>potassium citrate (alkalinizer)</i>)	NC		ENTADFI	NC	
Genitourinary Irrigants			ENTADFI	NP	
<i>acetic acid 0.25 %</i>	NC		<i>finasteride</i>	NC	QL(1 ea daily)
<i>glycine (gu irrigant) SOLN 1.5 %</i>	NC		<i>finasteride</i>	P	QL(1 ea daily)
<i>neomycin/polymyxin b gu</i>	NC		FLOMAX (Use <i>tamsulosin hcl</i>)	NP	QL(2 ea daily)
RENACIDIN	NC		JALYN (Use <i>dutasteride-tamsulosin hcl</i>)	NP	
<i>sodium chloride (gu irrigant) 0.9 %</i>	C		JALYN (Use <i>dutasteride-tamsulosin hcl</i>)	NP	
SORBITOL 3 %	NC		PROSCAR (Use <i>finasteride</i>)	NP	QL(1 ea daily)
SORBITOL/MANNITOL IRRIGATION	NC		RAPAFLO (Use <i>silodosin</i>)	NP	
Hyperoxaluria Agents			RAPAFLO 8 MG (Use <i>silodosin</i>)	NC	
OXLUMO	NC	SP	<i>silodosin</i>	NC	
Interstitial Cystitis Agents			<i>silodosin</i>	NP	
ELMIRON CAPS	NC		<i>tamsulosin hcl</i>	NC	
RIMSO-50	NC		<i>tamsulosin hcl</i>	P	
Prostatic Hypertrophy Agents			UROXATRAL (Use <i>alfuzosin hcl</i>)	NC	
			Urinary Analgesics		
			<i>phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG</i>	C	

Drug Name	Drug Tier	Requirements/Limits
PYRIDIUM TABS (<i>Use phenazopyridine hcl</i>)	NC	
Urinary Stone Agents		
LITHOSTAT	NC	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agent Combinations		
<i>colchicine w/ probenecid</i>	P	
Gout Agents		
<i>allopurinol</i>	NC	
<i>allopurinol</i>	P	
ALLOPURINOL	NP	
<i>allopurinol sodium</i>	NC	
<i>colchicine CAPS</i>	NP	
<i>colchicine TABS</i>	NC	QL(6 ea per fill retail); 1 max fill(s) per 31 day(s) retail
<i>colchicine TABS</i>	P	QL(6 ea per fill retail); 1 max fill(s) per 31 day(s) retail
COLCRYS TABS (<i>Use colchicine</i>)	NP	QL(6 ea per fill retail); 1 max fill(s) per 31 day(s) retail
<i>febuxostat</i>	NC	
<i>febuxostat</i>	NP	
MITIGARE CAPS (<i>Use colchicine</i>)	NP	
ULORIC (<i>Use febuxostat</i>)	NP	
ZYLOPRIM 300 MG (<i>Use allopurinol</i>)	NC	
ZYLOPRIM 100 MG (<i>Use allopurinol</i>)	NP	
Uricosurics		
<i>probenecid</i>	P	
<i>probenecid</i>	NC	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		

Drug Name	Drug Tier	Requirements/Limits
Aminolevulinatase Synthase 1-Directed siRNA		
GIVLAARI	NC	SP
Antihemophilic Products		
HEMLIBRA 12 MG/0.4ML	NC	
NUWIQ KIT	NC	SP
NUWIQ SOLR	NC	SP
SEVENFACT	NC	SP
Bradykinin B2 Receptor Antagonists		
<i>icatibant acetate SOLN</i>	NC	SP
<i>icatibant acetate SOSY</i>	NC	SP
Complement Inhibitors		
BERINERT KIT	NC	SP
CINRYZE SOLR IV	NC	SP
GOHIBIC	NC	
HAEGARDA SOLR SC	NC	SP
RUCONEST	NC	SP
TAVNEOS	NP	
VOYDEYA TABS	NC	
VOYDEYA TBPK	NC	
Hematorheologic Agents		
<i>pentoxifylline</i>	C	
Plasma Expanders		
<i>dextran 40 in d5w</i>	NC	
<i>dextran 40 in saline</i>	NC	
<i>hetastarch (hes /0.7 or /0.75) in sodium chloride</i>	NC	
HEXTEND	NC	
Plasma Kallikrein Inhibitors		
KALBITOR	NC	SP
TAKHZYRO SOLN	NC	SP
TAKHZYRO SOSY	NC	SP
Plasma Proteins		
ALBUKED 25	NC	
ALBUKED 5	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALBUMIN HUMAN	NC		EFFIENT (<i>Use prasugrel hcl</i>)	NC	QL(1 ea daily)
ALBUMINEX	NC		<i>eptifibatide</i>	NC	
ALBUMIN-ZLB	NC		KENGREAL	NC	
ALBURX	NC		PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NC	
ALBUTEIN	NC		PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NP	QL(1 ea daily)
FLEXBUMIN	NC		<i>prasugrel hcl</i>	NC	QL(1 ea daily)
HUMAN ALBUMIN GRIFOLS	NC		<i>prasugrel hcl</i>	P	QL(1 ea daily)
KEDBUMIN	NC		<i>tirofiban hcl in sodium chloride</i>	NC	
OCTAPLAS BLOOD GROUP A	NC		YOSPRALA	NC	
OCTAPLAS BLOOD GROUP AB	NC		ZONTIVITY	NC	
OCTAPLAS BLOOD GROUP B	NC		Protamine		
OCTAPLAS BLOOD GROUP O	NC		<i>protamine sulfate</i>	NC	
Platelet Aggregation Inhibitors			Thrombolytic Enzymes		
AGGRASTAT 3.75 MG/15ML	NC		ACTIVASE IV	NC	
<i>anagrelide hcl</i>	NC		CATHFLO ACTIVASE IJ	NC	
ASPIRIN/OMEPRAZOLE 81 MG-40 MG	NC		RETAVASE 10 UNIT	NC	
ASPIRIN/OMEPRAZOLE ER	NC		RETAVASE HALF-KIT 10 UNIT	NC	
<i>aspirin-dipyridamole</i>	NC		TNKASE	NC	
<i>aspirin-dipyridamole</i>	NP		HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
BRILINTA	P	QL(2 ea daily)	Agents for Gaucher Disease		
BRILINTA 90 MG	NC	QL(2 ea daily)	CERDELGA	NC	SP
<i>cilostazol</i>	C	QL(2 ea daily)	CEREZYME 400 UNIT	NC	SP
<i>clopidogrel bisulfate</i>	NC		Agents for Sickle Cell Disease		
<i>clopidogrel bisulfate</i>	P		ADAKVEO	NC	SP
<i>clopidogrel bisulfate</i>	P		DROXIA CAPS	C	
<i>clopidogrel bisulfate</i>	NC		Cobalamins		
<i>dipyridamole</i>	NP		<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	C	QL(10 ml per 270 day(s) retail)
<i>dipyridamole</i>	NC		CYANOCOBLAMIN SOLN IJ	NC	
DURLAZA	NC				
EFFIENT (<i>Use prasugrel hcl</i>)	NP	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
METHYLCOBALAMIN SOLR	NC		<i>cyanocobalamin-methylcobalamin SUBL</i>	NC	
Folic Acid/Folates			DERMACINRX DOTREMIN TABS	NC	
<i>folic acid TABS 400 MCG, 800 MCG</i>	C	QL(1 ea daily)	DERMACINRX FOLTAMIN TABS	NC	
<i>folic acid TABS 1 MG</i>	C	RX/OTC	<i>fe fum-iron polysacch complex-fa-b complex-c-zn-mn-cu</i>	NC	
Hematopoietic Growth Factors			FEONYX	NC	
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	NP		FERIVA 21/7	NC	
ARANESP ALBUMIN FREE SOSY 10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML, 100 MCG/0.5ML, 150 MCG/0.3ML	NP		FERIVAFA	NC	
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P		FERRALET 90	NC	
JESDUVROQ	NP		FERRO-PLEX	NC	
PROCRIT	NP		<i>ferrous fumarate w/ b12-vit c-fa-ifc</i>	NC	
PROCRIT	NP		<i>ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS</i>	C	QL(1 ea daily)
PROMACTA PACK	NC	SP	<i>ferrous fumarate-folic acid</i>	NC	
REBLOZYL	C	SP	FOLDITAM TABS	NC	
RETACRIT	P	SP	FOLGARD RX TABS	NC	
ZARXIO	NC	SP	<i>folic acid-vitamin b6-vitamin b12 TABS</i>	NC	
ZIEXTENZO	NC	SP	FOLIC D3 CAPS	NC	
Hematopoietic Mixtures			FOLI-D TABS	NC	
ACTIVE FE	NC		FOLIVANE-F	NC	
BENTIVITE TABS	NC		FOLIVANE-PLUS	NC	
BP VIT 3	NC		FOLIXAPURE TABS	NC	
CENFOL TABS	NC		FOLIXATE TABS	NC	
CENTRATEX CAPS	NC		FOLTREXYL TABS	NC	
CIFEREX CAPS	NC		FOLVITE-D TABS	NC	
CORVITE 150 TABS	NC		FUSION PLUS	NC	
CORVITE FE TABS	NC		GENICIN VITA-D TABS (Use folic acid-cholecalciferol)	NC	
			HEMATINIC/FOLIC ACID	NC	
			HEMATOGEN FA	NC	
			HEMOCYTE PLUS CAPS	NC	
			INTEGRA F	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INTEGRA PLUS	NC		<i>ferrous sulfate TBEC</i>	C	
IRON FOLATE PLUS	NC		FERROUS SULFATE TBEC (<i>Use ferrous sulfate</i>)	NC	
IRON FOLATE-F	NC		<i>ferumoxytol</i>	NC	
<i>iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc</i>	NC		INFED	NC	
IROSPAN 24/6	NC		INJECTAFER	NC	
LIPO-B	NC		IRON CHEWS PEDIATRIC CHEW	C	
METHIONINE/INOSITOL/CHOLINE/CYANOCOBALAMIN	NC		IRON TABS 28 MG	C	
MULTIGEN	NC		MONOFERRIC	NC	
MULTIGEN FOLIC	NC		<i>polysaccharide iron complex CAPS 150 MG</i>	C	QL(1 ea daily)
MULTIGEN PLUS	NC		<i>sodium ferric gluconate complex in sucrose</i>	NC	
NEPHRON FA	NC		TRIFERIC AVNU SOLN IV	NC	
NIFEREX TABS	NC		TRIFERIC PACK	NC	
NUFERA TABS	NC		TRIFERIC SOLN HM	NC	
ORTHO DF CAPS	NC		VENOFER	NC	
ORTHO-FOLIC CAPS	NC		HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
TALIVA	NC		Hemostatics - Systemic		
TARON FORTE	NC		LYSTEDA TABS (<i>Use tranexamic acid</i>)	NC	QL(30 ea per 5 day(s) retail); 1 max fill(s) per 31 day(s) retail; AL(At least 12 yrs old)
TULIVITE TABS	NC		<i>tranexamic acid SOLN 1000 MG/10ML</i>	NC	
VITAMEZ	NC		<i>tranexamic acid TABS</i>	C	QL(30 ea per 5 day(s) retail); 1 max fill(s) per 31 day(s) retail; AL(At least 12 yrs old)
Iron			Hemostatics - Topical		
ACCRUFER	NC		ARTISS KIT	NC	
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NC	QL(3.4 ml daily)	ARTISS SOLN	NC	
FERRETT'S TABS	C	QL(2 ea daily)	ASTRINGYN	NC	
<i>ferrous fumarate TABS 324 MG</i>	C	QL(2 ea daily)			
FERROUS GLUCONATE TABS 324 MG	C	QL(3.34 ea daily)			
<i>ferrous sulfate SOLN 44 MG/5ML, 220 MG/5ML, 300 MG/6.8ML</i>	C				
<i>ferrous sulfate SOLN 15 MG/ML</i>	C	QL(3.4 ml daily)			
<i>ferrous sulfate TABS 65 MG, 325 MG</i>	C				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GEL-FLOW	NC		NEMBUTAL SODIUM SOLN (Use pentobarbital sodium)	NC	
GELFOAM-JMI POWDER KIT	NC		pentobarbital sodium SOLN	NC	
MONSELS FERRIC SUBSULFATE	NC		phenobarbital sodium SOLN	NC	
RECOTHROM	NC		phenobarbital ELIX	C	
RECOTHROM/SPRAY APPLICATOR KIT	NC		phenobarbital TABS	C	
SURGIFOAM POWD XX	NC		Hypnotics - Tricyclic Agents		
THROMBIN-JMI DILUENT SOLR	NC		doxepin hcl (sleep)	NC	
THROMBIN-JMI EPISTAXIS KIT	NC		doxepin hcl (sleep)	NP	
THROMBIN-JMI SYRINGE SPRAY KIT KIT	NC		SILENOR (Use doxepin hcl (sleep))	NC	
THROMBIN-JMI W/DIL SPRAYPUMP ACTUATOR KIT	NC		Non-Barbiturate Hypnotics		
THROMBOGEN KIT 10000 UNIT	NC		AMBIEN CR TBCR (Use zolpidem tartrate)	NP	
THROMBOGEN SOLR 1000 UNIT, 10000 UNIT	NC		AMBIEN TABS (Use zolpidem tartrate)	NP	QL(1 ea daily)
TISSEEL KIT	NC		BYFAVO	NC	
TISSEEL SOLN	NC		dexmedetomidine hcl in sodium chloride SOLN	NC	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			dexmedetomidine hcl SOLN	NC	
Antihistamine Hypnotics			DEXMEDETOMIDINE HCL SOLN	NC	
diphenhydramine hcl (sleep) TABS 50 MG	C		DEXMEDETOMIDINE HYDROCHLORIDE/DEXTROSE MONOHYDRATE	NC	
diphenhydramine hcl (sleep) TABS 25 MG	C	QL(1 ea daily)	DEXMEDETOMIDINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN	NC	
doxylamine succinate (sleep)	C		DORAL (Use quazepam)	NP	
UNISOM SLEEPTABS (Use doxylamine succinate (sleep))	NC		DORAL (Use quazepam)	NC	
Barbiturate Hypnotics			EDLUAR SUBL	NP	
AMYTAL SODIUM	NC		EDLUAR SUBL	NC	
			estazolam	NP	
			eszopiclone	NP	
			eszopiclone	NC	
			flurazepam hcl	NC	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>flurazepam hcl</i>	NP	QL(1 ea daily)
HALCION 0.25 MG (<i>Use triazolam</i>)	NP	
HALCION 0.25 MG (<i>Use triazolam</i>)	NP	
IGALMI FILM	NC	
IGALMI FILM	NP	
LUNESTA (<i>Use eszopiclone</i>)	NC	
LUNESTA (<i>Use eszopiclone</i>)	NP	
<i>midazolam hcl SOLN IJ</i>	C	
<i>midazolam hcl SYRP</i>	NC	
MIDAZOLAM HYDROCHLORIDE/SODIUM CHLORIDE SOLN IV 0.9 %-50 MG/50ML	NC	
MIDAZOLAM HYDROCHLORIDE/SODIUM CHLORIDE SOSY 0.9 %-2 MG/2ML, 0.9 %-5 MG/5ML, 0.9 %-55 MG/55ML	NC	
MIDAZOLAM HYDROCHLORIDE SOSY	NC	
MIDAZOLAM/SODIUM CHLORIDE	NC	
MIDAZOLAM/SODIUM CHLORIDE SOSY	NC	
MIDAZOLAM/SYRSPEND SF PH4 SUSP	NC	
<i>midazolam-sodium chloride</i>	NC	
MIDAZOLAM SOLN	NC	
MIDAZOLAM SOSY IJ 2 MG/2ML, 3 MG/3ML, 5 MG/5ML	NC	
PRECEDEX SOLN	NC	
<i>quazepam</i>	NC	
<i>quazepam</i>	NP	
RESTORIL 7.5 MG, 22.5 MG (<i>Use temazepam</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
RESTORIL 15 MG, 30 MG (<i>Use temazepam</i>)	NP	QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam 15 MG, 30 MG</i>	P	QL(1 ea daily); AL(At least 18 yrs old)
<i>temazepam 7.5 MG, 22.5 MG</i>	P	
<i>triazolam</i>	NP	
<i>zaleplon</i>	NC	
<i>zaleplon</i>	NP	
ZOLPIDEM TARTRATE CAPS	NP	
<i>zolpidem tartrate SUBL</i>	NP	
<i>zolpidem tartrate TABS</i>	NC	
<i>zolpidem tartrate TABS</i>	P	
<i>zolpidem tartrate TBCR</i>	NC	
<i>zolpidem tartrate TBCR</i>	NP	
ZOLPIMIST SOLN	NC	
Orexin Receptor Antagonists		
BELSOMRA	NP	
BELSOMRA	NP	
DAYVIGO	NP	
QUVIVIQ	NP	
Selective Melatonin Receptor Agonists		
HETLIOZ LQ SUSP	NP	
HETLIOZ CAPS (<i>Use tasimelteon</i>)	NP	
<i>ramelteon</i>	NP	
<i>ramelteon</i>	NC	
ROZEREM (<i>Use ramelteon</i>)	NP	
<i>tasimelteon CAPS</i>	NP	
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
<i>calcium polycarbophil TABS</i>	C	QL(10 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NATURAL FIBER LAXATIVE POWD	C		Laxatives - Miscellaneous		
<i>psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 58.6 %, 100 %</i>	C		GIALAX KIT	NC	
Laxative Combinations			<i>glycerin (laxative) SUPP 2 GM</i>	C	
CLENPIQ SOLN	NC		GLYCERIN ADULT SUPP (Use <i>glycerin (laxative)</i>)	NC	
GOLYTELY SOLR (Use <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate</i>)	NP	1 package(s) per fill retail	KRISTALOSE PACK	NP	
MOVIPREP (Use <i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>)	NP		KRISTALOSE PACK	NP	
<i>peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid</i>	NP		LACTULOSE PACK	NC	
<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR</i>	P	1 package(s) per fill retail	<i>lactulose SOLN 10 GM/15ML</i>	NC	
<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride</i>	NP		<i>lactulose SOLN</i>	P	
PEG-PREP	C		MIRALAX POWD (Use <i>polyethylene glycol 3350</i>)	NC	QL(34 gm daily)
PLENVU	NP		<i>polyethylene glycol 3350 POWD</i>	NC	QL(34 gm daily)
PLENVU	NC		<i>polyethylene glycol 3350 POWD</i>	P	QL(34 gm daily)
<i>sennosides-docusate sodium TABS</i>	C	QL(4 ea daily)	SORBITOL OR 70 %	C	
SENOKOT S TABS (Use <i>sennosides-docusate sodium</i>)	NC	QL(4 ea daily)	Saline Laxatives		
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NP		FLEET ENEMA ENEM (Use <i>sodium phosphates</i>)	NC	
<i>sodium sulfate-potassium sulfate-magnesium sulfate</i>	NC		FLEET PEDIATRIC ENEM (Use <i>sodium phosphates</i>)	NC	
SUFLAVE	NP		FLEET SALINE ENEMA EXTRAVOLUME ENEM (Use <i>sodium phosphates</i>)	NC	
SUPREP BOWEL PREP KIT (Use <i>sodium sulfate-potassium sulfate-magnesium sulfate</i>)	NP		<i>magnesium citrate 1.745 GM/30ML</i>	P	
SUTAB	NP		<i>magnesium citrate</i>	NC	
SUTAB	NP		<i>magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML</i>	C	QL(32 ml daily)
			OSMOPREP	NP	
			<i>sodium phosphates ENEM</i>	C	
			Stimulant Laxatives		
			<i>bisacodyl SUPP</i>	C	QL(12 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>bisacodyl TBEC</i>	C	QL(1 ea daily)	LIDOCAINE HYDROCHLORIDE/EPINEPHRINE BUFFERED	NC	
DULCOLAX PINK LAXATIVE TBEC (<i>Use bisacodyl</i>)	NC	QL(1 ea daily)	LIDOCAINE HYDROCHLORIDE/SODIUM BICARBONATE	NC	
DULCOLAX SUPP (<i>Use bisacodyl</i>)	NC	QL(12 ea per fill retail)	LIDOCAINE HYDROCHLORIDE/TETRACAINE HYDROCHLORIDE	NC	
DULCOLAX TBEC (<i>Use bisacodyl</i>)	NC	QL(1 ea daily)	<i>lidocaine w/ epinephrine SOLN 1 :100000-1 %, 1 :100000-2 %, 1 :200000-0.5 %, 1 :200000-1.5 %, 1 :200000-2 %</i>	NC	
<i>sennosides TABS 8.6 MG</i>	C		LIDOCAINE/EPINEPHRINE SOLN	NC	
SENOKOT TABS (<i>Use sennosides</i>)	NC		MARLIDO KIT KIT	NC	
Surfactant Laxatives			MARLIDO-25 KIT	NC	
COLACE CLEAR CAPS (<i>Use docusate sodium</i>)	NC		MARVONA SUIK	NC	
COLACE CAPS 100 MG (<i>Use docusate sodium</i>)	NC	QL(3 ea daily)	ORABLOC	NC	
<i>docusate sodium CAPS 50 MG</i>	C		POINT OF CARE LM-2.2 KIT	NC	
<i>docusate sodium CAPS 100 MG, 250 MG</i>	C	QL(3 ea daily)	POINT OF CARE LM-2.5 KIT	NC	
<i>docusate sodium LIQD</i>	C		READYSHARP-A KIT	NC	
<i>docusate sodium SYRP</i>	C		RECK	NC	
DOCUSATE SODIUM SYRP	C		SENSORCAINE-MPF/EPINEPHRINE SOLN	NC	
<i>docusate sodium TABS</i>	C		XYLOCAINE-MPF/EPINEPHRINE SOLN	NC	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing			Local Anesthetics - Amides		
Local Anesthetic Combinations			BUPIVACAINE FISIOPHARMA SOLN IJ	NC	
<i>articaine-epinephrine 1 :100000-4 %</i>	NC		<i>bupivacaine hcl SOLN IJ</i>	NC	
BUFFERED LIDOCAINE HYDROCHLORIDE/EPINEPHRINE/SODIUM CHLORIDE SOSY	NC		BUPIVACAINE HCL SOLN XX	NC	
<i>bupivacaine w/ epinephrine SOLN 1 :200000-0.25 %, 1 :200000-0.5 %</i>	NC				
LETS KIT	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BUPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP 0.9 %-0.125 %	NC		MONOJECT BONE MARROW BIOPSY TRAY/STERNAL-ILIAC NEEDLE 16G KIT	NC	
BUPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY EP 0.9 %-0.25 %	NC		PF-LIDOCAINE HYDROCHLORIDE SOSY IJ	NC	
BUPIVACAINE HYDROCHLORIDE SOLN IJ 0.25 %, 0.5 %	NC		POLOCAINE SOLN 1 %, 2 %	NC	
BUPIVACAINE HYDROCHLORIDE SOSY 0.125 %, 0.25 %	NC		POSIMIR	NC	
<i>bupivacaine in dextrose SOLN</i>	NC		<i>ropivacaine hcl SOLN IJ</i>	NC	
EXPAREL	NC		ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP 0.9 %-0.15 %, 0.9 %-0.2 %	NC	
<i>lidocaine hcl (local anesth.) SOLN</i>	NC		ROPIVACAINE HYDROCHLORIDE SOLN EP 0.2 %	NC	
LIDOCAINE HYDROCHLORIDE BUFFERED	NC		ROPIVACAINE HYDROCHLORIDE SOSY IJ	NC	
LIDOCAINE HYDROCHLORIDE SOLN	NC		XARACOLL IMPL	NC	
LIDOCAINE HYDROCHLORIDE SOSY IJ 9 MG/ML, 10 MG/ML, 100 MG/10ML, 100 MG/5ML, 200 MG/10ML	NC		ZINGO JTAJ	NC	
LIDOMARK 1/5 KIT	NC		Local Anesthetics - Esters		
LIDOMARK 2/5 KIT	NC		<i>chlorprocaine hcl IJ</i>	NC	
<i>mepivacaine hcl SOLN 1 %, 1.5 %, 2 %</i>	NC		CLOROTEKAL IT	NC	
MONOJECT BONE MARROW BIOPSY TRAY/BIOPASPIR NEEDLE 11GX4" KIT	NC		NESACAINE IJ	NC	
MONOJECT BONE MARROW BIOPSY TRAY/BIOPASPIR NEEDLE 8GX4" KIT	NC		<i>tetracaine hcl SOLN</i>	NC	
			MACROLIDES - Drugs to Treat Bacterial Infections		
			Azithromycin		
			<i>azithromycin PACK</i>	P	
			<i>azithromycin SOLR</i>	NC	
			<i>azithromycin SUSR</i>	P	
			<i>azithromycin SUSR</i>	NC	
			<i>azithromycin TABS 500 MG</i>	P	
			<i>azithromycin TABS 250 MG</i>	P	QL(6 ea per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>azithromycin TABS 250 MG</i>	NC	QL(6 ea per fill retail)	ERYPED 200 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP	
<i>azithromycin TABS 600 MG</i>	P	QL(8 ea per 28 day(s) retail)	ERYPED 400 SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP	
<i>azithromycin TABS 500 MG</i>	NC		<i>erythromycin base CPEP</i>	NP	
ZITHROMAX TRI-PAK TABS (<i>Use azithromycin</i>)	NP		<i>erythromycin base TABS</i>	NP	
ZITHROMAX Z-PAK TABS (<i>Use azithromycin</i>)	NP	QL(6 ea per fill retail)	<i>erythromycin base TBEC</i>	NP	
ZITHROMAX PACK (<i>Use azithromycin</i>)	NP		<i>erythromycin base TBEC 333 MG, 500 MG</i>	NC	
ZITHROMAX PACK (<i>Use azithromycin</i>)	NP	QL(2 ea per fill retail)	<i>erythromycin base TBEC</i>	NP	
ZITHROMAX SUSR 200 MG/5ML (<i>Use azithromycin</i>)	NP	QL(60 ml per fill retail)	<i>erythromycin ethylsuccinate SUSR</i>	P	
ZITHROMAX SUSR 200 MG/5ML (<i>Use azithromycin</i>)	NP		<i>erythromycin ethylsuccinate TABS</i>	NP	
ZITHROMAX SUSR 100 MG/5ML (<i>Use azithromycin</i>)	NP	1 package(s) per fill retail	<i>erythromycin lactobionate 500 MG</i>	NC	
ZITHROMAX TABS 250 MG (<i>Use azithromycin</i>)	NP	QL(6 ea per fill retail)	<i>erythromycin stearate TABS 250 MG</i>	P	
ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NC		Fidaxomicin		
ZITHROMAX TABS 500 MG (<i>Use azithromycin</i>)	NP	QL(4 ea daily)	DIFICID SUSR	NP	
Clarithromycin			DIFICID TABS	NP	
<i>clarithromycin SUSR 250 MG/5ML</i>	P	2 package(s) per fill retail	MEDICAL DEVICES AND SUPPLIES		
<i>clarithromycin SUSR 125 MG/5ML</i>	P	1 package(s) per fill retail	Contraceptives		
<i>clarithromycin TABS</i>	P	QL(28 ea per fill retail)	CAYA DPRH	NC	
<i>clarithromycin TB24</i>	NC		FC2 FEMALE CONDOM	C	QL(12 ea per 31 day(s) retail)
<i>clarithromycin TB24</i>	NP		FEMCAP DEVI	NC	
Erythromycins			OMNIFLEX DIAPHRAGM	NC	
E.E.S. GRANULES SUSR (<i>Use erythromycin ethylsuccinate</i>)	NP		WIDE-SEAL SILICONE DIAPHRAGM KIT 60	NC	
			WIDE-SEAL SILICONE DIAPHRAGM KIT 65	NC	
			WIDE-SEAL SILICONE DIAPHRAGM KIT 70	NC	
			WIDE-SEAL SILICONE DIAPHRAGM KIT 75	NC	
			WIDE-SEAL SILICONE DIAPHRAGM KIT 80	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	NC		AGAMATRIX AMP NO CODE ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI	NC	
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	NC		AGAMATRIX JAZZ WIRELESS 2 KIT	NC	RX/OTC
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	NC		AGAMATRIX PRESTO PRO METER DEVI	NC	
Diabetic Supplies			AGAMATRIX PRESTO KIT	NC	RX/OTC
ACCU-CHEK AVIVA PLUS KIT	NC	RX/OTC	ASSURE 4 BLOOD GLUCOSE METER DEVI	NC	
ACCU-CHEK GUIDE ME KIT	NC	RX/OTC	ASSURE PLATINUM BLOOD GLUCOSE METER DEVI	NC	
ACCU-CHEK GUIDE KIT	NC	RX/OTC	ASSURE PRISM MULTI BLOODGLUCOSE MONITORING SYSTEM DEVI	NC	
ACCU-CHEK NANO SMARTVIEW KIT	NC	RX/OTC	ASSURE PRO BLOOD GLUCOSE METER DEVI	NC	
ADVANCE INTUITION BLOOD GLUCOSE METER DEVI	NC		BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT	NC	RX/OTC
ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	BD LOGIC BLOOD GLUCOSE MONITOR KIT	NC	RX/OTC
ADVANCE MICRO-DRAW METER DEVI	NC		BIOTEL CARE BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	BLOOD GLUCOSE MONITORING SYSTEM 333 DEVI	NC	
ADVOCATE REDI-CODE/TALKING KIT	NC	RX/OTC	BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NC	RX/OTC
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI	NC		BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI	NC				
ADVOCATE REDI-CODE DEVI	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BLOOD GLUCOSE SYSTEM PAK KIT	NC	RX/OTC	CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
BLULINK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
BREEZE 2 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	NC	RX/OTC	CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT	NC	RX/OTC	CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	NC	
CARESENS CONTROL SOLUTION A/B SOLN	NC		CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	NC	
CARESENS N BLOOD GLUCOSEMONITORING SYSTEM DEVI	NC		CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
CARESENS N FELIZ BT DEVI	NC		CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
CARESENS N FELIZ DEVI	NC		CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
CARESENS N GLUCOSE MONITORING SYSTEM DEVI	NC		CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
CHEMSTRIP BG LOG BOOK MISC	NC	RX/OTC			
CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC				
CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST KIT	NC	RX/OTC	EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NC	
CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	EASY TOUCH GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	NC	RX/OTC	EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
COOL BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC	EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NC	
CVS ADVANCED GLUCOSE METER KIT	NC	RX/OTC	EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NC	RX/OTC
D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	NC	RX/OTC	EASYMAX V BLOOD GLUCOSE SYSTEM DEVI	NC	
DIATHRIVE BLOOD GLUCOSE METER DEVI	NC		EASYPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
DIATHRIVE+ BLOOD GLUCOSE MONITORING SYSTEM/BLUETOOTH DEVI	NC		EASYPRO PLUS KIT	NC	RX/OTC
DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		ELEMENT AUTOCODE SYSTEM KIT	NC	RX/OTC
EASY MAX T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT	NC	RX/OTC	ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		ELEMENT COMPACT V BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
EASY STEP BLOOD GLUCOSE MONITOR DEVI	NC		ELEMENT PLUS BLOOD GLUCOSE METER DEVI	NC	
			EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC	FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI	NC		FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NC	
EMBRACE PRO BLOOD GLUCOSE METER DEVI	NC		FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI	NC	
EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NC		FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	NC	
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
EMBRACE WAVE BLOOD GLUCOSE METER DEVI	NC		FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
EVOLUTION AUTOCODE DEVI	NC		FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
FIFTY50 GLUCOSE METER 2.0 KIT	NC	RX/OTC	FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI	NC	
FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	NC	
FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		FREESTYLE FREEDOM LITE KIT	NC	RX/OTC
FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL DEVI	NC		FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail)
FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC				
FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	P	QL(2 ea per 28 day(s) retail)	GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI	NC	
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail)	GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE DEVI	NC	
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 day(s) retail)	GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	NC	
FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	NC		GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	NC		GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	P	QL(2 ea per 28 day(s) retail)	GLUCOCARD EXPRESSION AUDIO-ENABLED BLOOD GLUCOSE MONITORING KIT	NC	RX/OTC
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	P	QL(1 ea per 365 day(s) retail)	GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	GLUCOCARD SHINE XL DEVI	NC	
FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	GLUCOCARD SHINE DEVI	NC	
GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		GLUCOCARD SHINE KIT	NC	RX/OTC
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	NC	RX/OTC
GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	NC	RX/OTC	GUARDIAN 4 GLUCOSE SENSOR	NC	
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
GLUCOCARD X-METER KIT	NC	RX/OTC	HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	NC	
GLUCOCOM AUTOLINK TELEMONITORING SYSTEM MISC	NC	RX/OTC	HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	NC	
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NC		HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	NC	RX/OTC	IGLUCOSE BLOOD GLUCOSE MOITORING SYSTEM KIT	NC	RX/OTC
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	IN TOUCH DEVI	NC	
GLUCONAVII BLOOD GLUCOSEMONITORING SYSTEM KIT	NC	RX/OTC	INFINITY BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	NC		INFINITY CONTROL SOLUTION HIGH SOLN	NC	
GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI	NC		INFINITY CONTROL SOLUTION LOW SOLN	NC	
GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	NC	RX/OTC	INFINITY VOICE KIT	NC	RX/OTC
GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	NC	RX/OTC	KROGER BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC
GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC
			LIBERTY BLOOD GLUCOSE METER DEVI	NC	
			LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI	NC	
			MEIJER BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT	NC	
MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC	OMNIPOD 5 G7 PODS (GEN 5) MISC	NC	
MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT	NC	
MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	OMNIPOD CLASSIC PODS (GEN 3) MISC	NC	
MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	NC	RX/OTC	OMNIPOD DASH INTRO KIT (GEN 4) KIT	NC	
MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	OMNIPOD DASH PDM KIT (GEN 4) KIT	NC	
MM BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	OMNIPOD DASH PODS (GEN 4) MISC	NC	
MM BLULINK GLUCOSE MONITORING SYSTEM DEVI	NC		OMNIPOD GO 10 UNITS/DAY KIT	NC	
MM EASY TOUCH BLOOD GLUCOSE METER KIT	NC	RX/OTC	OMNIPOD GO 15 UNITS/DAY KIT	NC	
MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	OMNIPOD GO 25 UNITS/DAY KIT	NC	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		OMNIPOD GO 35 UNITS/DAY KIT	NC	
NOVA MAX BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	OMNIPOD POD PALS	NC	
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT	NC		ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
OMNIPOD 5 G6 PODS (GEN 5) MISC	NC		ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
			ONETOUCH ULTRA 2 KIT	NC	RX/OTC
			ONETOUCH ULTRA CONTROL SOLUTION LIQD	C	
			ONETOUCH ULTRA CONTROL LIQD	C	
			ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD	C		PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	NC	RX/OTC
ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD	C		PRODIGY NO CODING BLOOD GLUCOSE KIT	NC	RX/OTC
ONETOUCH VERIO REFLECT KIT	NC	RX/OTC	PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	NC	RX/OTC
PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	NC	RX/OTC
PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		QUICKTEK KIT	NC	RX/OTC
PIP BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		QUINTET AC BLOOD GLUCOSEMONITORING SYSTEM DEVI	NC	
POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM KIT	NC	RX/OTC
PRECISION XTRA KIT	NC	RX/OTC	RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
			RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		SMARTEST EJECT STARTER KIT KIT	NC	RX/OTC
RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		SMARTEST PERSONA STARTERKIT KIT	NC	RX/OTC
RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	NC	RX/OTC	SMARTEST PRONTO STARTERKIT KIT	NC	RX/OTC
RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC	
REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	SMARTEST PROTEGE STARTERKIT KIT	NC	RX/OTC
RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	SOF-SENSOR	NC	
RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM DEVI	NC	
RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	SOLUS V2 AUDIBLE BLOOD GLUCOSE MANAGEMENT SYSTEM KIT	NC	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		SUPREME II CONFIDENCE PADDLES MISC	NC	RX/OTC
SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	TEMPO SMART BUTTON MISC	NC	RX/OTC
SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	TEMPO WELCOME KIT	NC	RX/OTC
SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		TGT BLOOD GLUCOSE MONITORING SYSTEM PREMIUM KIT	NC	RX/OTC
			TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC
			TRACER II 3 VOLT BATTERY MISC	NC	RX/OTC
			TRUE FOCUS BLOOD GLUCOSESELF MONITORING METER DEVI	NC	
			TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	NC	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	NC		Misc. Devices		
TRUE METRIX AIR W/BLUETOOTH SMART KIT	NC	RX/OTC	EMBRACE SEIZURE MONITORING SYSTEM	NC	
TRUE METRIX BLOOD GLUCOSEMETER KIT	NC	RX/OTC	ONCOZENE 100UM	NC	
TRUE METRIX GO BLOOD GLUCOSE METER KIT	NC	RX/OTC	ONCOZENE 40UM	NC	
TRUE METRIX DEVI	NC		ONCOZENE 75UM	NC	
TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM/NO CODING KIT	NC	RX/OTC	OPTUNE	NC	
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI	NC		OPTUNE LUA	NC	
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	SAVI	NC	
TRUETRACK SMART SYSTEM KIT	NC	RX/OTC	SAVI DUAL	NC	
VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	NC		Parenteral Therapy Supplies		
VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	NC	RX/OTC	ADVOCATE INSULIN PEN NEEDLE/32GX4MM	NC	RX/OTC
VIVAGUARD INO BLOOD GLUCOSE METER DEVI	NC		AQINJECT PEN NEEDLE/31G X 3/16"	NC	RX/OTC
VIVAGUARD INO CONTROL SOLUTION LIQD	NC		AQINJECT PEN NEEDLE/32G X 5/32"	NC	RX/OTC
VIVAGUARD INO CONTROL SOLUTION LIQD	NC		ASSURE ID DUO PRO SAFETYPEN NEEDLES 31G X 5MM	NC	RX/OTC
VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	NC		ASSURE ID PRO SAFETY PENNEEDLES 30G X 5MM	NC	RX/OTC
WAVESENSE AMP KIT	NC	RX/OTC	BD AUTOSHIELD DUO 30G X 5MM	C	QL(5 ea daily); RX/OTC
			BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM	NC	
			DEFLUX METAL NEEDLE/23G X350MM	NC	
			EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	NC	RX/OTC
			EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	NC	RX/OTC
			J-TIP KIT W/VIAL ADAPTERS KIT	NC	
			PEN NEEDLES 30GX5MM	NC	RX/OTC
			PEN NEEDLES 31G X 8MM	NC	RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
PEN NEEDLES 31GX5MM	NC	RX/OTC	ADULT MASK DEVI	C	RX/OTC
PEN NEEDLES 31GX8MM	NC	RX/OTC	AEROBIKA DEVI	C	RX/OTC
PEN NEEDLES 32G X 4MM	NC	RX/OTC	AEROCHAMBER HOLDING CHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
PEN NEEDLES 32GX4MM	NC	RX/OTC	AEROCHAMBER MINI AEROSOLCHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	NC	RX/OTC	AEROCHAMBER MV MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	NC	RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	NC	RX/OTC	AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	NC	RX/OTC	AEROCHAMBER PLUS FLOW- VU/INTERMEDIATE MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	NC	RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
VERIFINE PLUS PEN NEEDLE/32G X 4MM	NC	RX/OTC	AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER PLUS FLOW-VU/MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
ACTIVITY POUCH MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
ADAPTER PED DISPOSABLE MOUTHPIECE MISC	C	QL(1 ea per 180 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
ADULT DISPOSABLE MOUTHPIECE MISC	C	QL(1 ea per 180 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW-VU MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
ADULT MASK LARGE MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 2000 PFT FILTER DEVI	C	RX/OTC
AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 3000 PFT FILTER DEVI	C	RX/OTC
AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 4000 PFT FILTER DEVI	C	RX/OTC
AEROCHAMBER Z-STAT PLUS/MEDIUM MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 5000 PFT FILTER DEVI	C	RX/OTC
AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 6000 PFT FILTER DEVI	C	RX/OTC
AEROCHAMBER/FLOWSIGNAL MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	ALL FLOW 7000 PFT FILTER DEVI	C	RX/OTC
AEROECLIPSE EZ TWIST TUBING MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/ADULT DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROECLIPSE MASK LARGE MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE COMFORT ANTI-STATIC VALVED HOLDING CHAMBER/CHILD DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROECLIPSE MASK MEDIUM MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE NEBULIZER MASK/CHILD MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
AEROECLIPSE MASK SMALL MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE NEBULIZER MASK/INFANT MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
AEROTRACH PLUS MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE/LARGE MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	BREATHE EASE/MEDIUM MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHE EASE/SMALL MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	C	RX/OTC	BREATHERITE VALVED MDI CHAMBER/COLLAPSIBLE DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER/RIGID DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
			BUBBLES THE FISH II PEDIATRIC MASK/PVC MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARETOUCH 2 CPAP HOSE HANGER MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
CARETOUCH CPAP MASK WIPES MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC	C	QL(1 ml per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/ANTI-STATIC DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	DISPOSABLE MOUTHPIECE FULL RANGE MISC	C	QL(1 ea per 180 day(s) retail); RX/OTC
CARETOUCH UNIVERSAL CPAPFILTERS MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC	C	QL(1 ea per 180 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	DISPOSABLE MOUTHPIECE/LOW RANGE MISC	C	QL(1 ea per 180 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	C	QL(1 ea per 180 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	DISPOSABLE PAPER MOUTHPIECE MISC	C	QL(1 ea per 180 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL INFANT DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	EASIVENT/MASK-LARGE MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/SMALL DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	EASIVENT/MASK-MEDIUM MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
CO MONITOR REPLACEMENT TPIECES MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	EASIVENT/MASK-SMALL MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
CO MONITOR DEVI	C	RX/OTC	EASIVENT MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
			EASY FLOW 300 MM HOSE MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY FLOW 400 MM HOSE MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	EXPIRATORY MOUTHPIECE MISC	C	QL(1 ea per 180 day(s) retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	FILTER AIR PP MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	C	RX/OTC	FLEXICHAMBER ADULT MASK/SMALL	C	QL(2 ea per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/ORANGE DEVI	C	RX/OTC	FLEXICHAMBER CHILD MASK/LARGE	C	QL(2 ea per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/RED DEVI	C	RX/OTC	FLEXICHAMBER CHILD MASK/SMALL	C	QL(2 ea per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/WHITE DEVI	C	RX/OTC	FLEXICHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/YELLOW DEVI	C	RX/OTC	FLYP HYPERSONIQ CARTRIDGE MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW HEPA FILTER MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	FULL KIT NEBULIZER SET MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/BLUE DEVI	C	RX/OTC	IN-CHECK DIAL INSPIRATORYFLOW TRAINER DEVI	C	RX/OTC
EASY FLOW WHITE/GREEN DEVI	C	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/NASAL WITH MASK DEVI	C	RX/OTC
EASY FLOW WHITE/PINK DEVI	C	RX/OTC	IN-CHECK INSPIRATORY FLOWMETER/ORAL DEVI	C	RX/OTC
EASY FLOW WHITE/WHITE DEVI	C	RX/OTC	INNOSPIRE REPLACEMENT FILTER MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
EASY FLOW WHITE/YELLOW DEVI	C	RX/OTC	INSPIREASE DRUG DELIVERYSYSTEM MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
EBASE CONTROLLER KIT MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	INSPIREASE RESERVOIR BAGS	C	QL(3 ea per 180 day(s) retail)
EQ SPACE CHAMBER ANTI-STATIC/LARGE MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	KOKO PEAK PRO REPLACEMENTPLASTIC MOUTHPIECE MISC	C	QL(1 ea per 180 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/MEDIUM MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	LITETOUCH MASK LARGE MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
EQ SPACE CHAMBER ANTI-STATIC/SMALL MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC			
EQ SPACE CHAMBER ANTI-STATIC DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LITETOUCH MASK MEDIUM MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	ONE FLOW TESTER TUBE MOUTHPIECE MISC	C	QL(1 ea per 180 day(s) retail); RX/OTC
LITETOUCH MASK SMALL MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC	C	QL(1 ea per 180 day(s) retail); RX/OTC
MASK VORTEX/CHILD/FROG	C	QL(2 ea per 360 day(s) retail); RX/OTC	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC	C	QL(1 ea per 180 day(s) retail); RX/OTC
MASK VORTEX/TODDLER/LAD YBUG	C	QL(2 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
MICROCHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
MICROCHAMBER MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
MICROSPACER MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
MINIELITE FILTER REPLACEMENTS MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	OPTICHAMBER DIAMOND MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
NEBULIZER AIR TUBE/PLUGS MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	PANDA MASK LARGE	C	QL(2 ea per 360 day(s) retail); RX/OTC
NEBULIZER CUP/TUBING DEVI	C	RX/OTC	PANDA MASK MEDIUM	C	QL(2 ea per 360 day(s) retail); RX/OTC
NEBULIZER MASK ADULT MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	PANDA MASK SMALL	C	QL(2 ea per 360 day(s) retail); RX/OTC
NEBULIZER MASK CHILD MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	PARI ALTERA NEBULIZER HANDSET MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
NOSE CLIP MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	PARI BABY CONVERSION KITSIZE 1 MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	PARI BABY CONVERSION KITSIZE 2 MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	C	RX/OTC	PARI BABY CONVERSION KITSIZE 3 MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
ONE FLOW FVC MONITORING SPIROMETER DEVI	C	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PARI ERAPID NEBULIZER HANDSET MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	PILLOW MASK/PEDIATRIC MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
PARI EXPIRATORY FILTER VALVE SET DEVI	C	QL(1 ea per 360 day(s) retail); RX/OTC	POCKET CHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
PARI MANUAL INTERRUPTER DEVI	C	RX/OTC	POCKET SPACER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
PARI MASK SET MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER ADULT MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
PARI SMARTMASK BABY/ELBOW MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER CHILD MISC	C	QL(2 ea per 360 day(s) retail); RX/OTC
PARI SOFT PLASTIC ADULT MASK MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
PARI SOFT PLASTIC PEDIATRIC MASK MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
PARI TREK S COMBO PACK DEVI	C	RX/OTC	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
PARI VORTEX ADULT MASK	C	QL(2 ea per 360 day(s) retail); RX/OTC	PROCHAMBER VALVED HOLDINGCHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
PEDIATRIC DISPOSABLE MOUTPIECE MISC	C	QL(1 ea per 180 day(s) retail); RX/OTC	PRONEB ULTRA FILTER SET MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
PEDIATRIC MOUTHPIECE/DISPOSABLE MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	PURE COMFORT 3-BALL BREATH EXERCISER DEVI	C	RX/OTC
PEDIATRIC PANDA MASK	C	QL(2 ea per 360 day(s) retail); RX/OTC	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
PFLEX MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	QUAKE DEVI	C	RX/OTC
PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	REPLACEMENT AIR FILTER MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/ADULT MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	REPLACEMENT FILTERS MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
PILLOW MASK/CHILD MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 CHILD MASK MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MEDICATION CUP MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
RITFLO DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MESH CAP MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
SAMI THE SEAL REPLACEMENTFILTERS MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	SOOTHENEB NBL100 ADULT MASK MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
SIDESTREAM ADULT FACE MASK MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	SPIRO PD DEVI	C	RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	THRESHOLD IMT MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
SIDESTREAM PEDIATRIC FACEMASK/TUCKER THE TURTLE MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	THRESHOLD PEP DEVI	C	RX/OTC
SIDESTREAM PEDIATRIC FACEMASK MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	TUBING/WING TIP MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
SIDESTREAM PLUS ADULT FACE MASK MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	VERSAPAP/UNIVERSAL TUBING DEVI	C	RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/INFANT MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	VERSAPAP DEVI	C	RX/OTC
SILICONE MASK FOR BREATHRITE CHAMBER/PEDIATRIC MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC	VORTEX HOLDING CHAMBER/MASK/CHILD S/FROG DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
			VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
			VORTEX VALVED HOLDING CHAMBER DEVI	C	QL(2 ea per 360 day(s) retail); RX/OTC
			WINDMILL TRAINER MISC	C	QL(1 ea per 360 day(s) retail); RX/OTC
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches					
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AJOVY SOAJ	NP		<i>almotriptan malate</i>	NP	
AJOVY SOAJ	NP	SP	AMERGE (Use <i>naratriptan hcl</i>)	NC	
EMGALITY SOSY 100 MG/ML	NP		<i>eletriptan hydrobromide</i>	NP	QL(6 ea per 31 day(s) retail)
ZAVZPRET	NP		FROVA (Use <i>frovatriptan succinate</i>)	NP	
ZAVZPRET	NC		<i>frovatriptan succinate</i>	NC	
ZAVZPRET	NP		<i>frovatriptan succinate</i>	NP	
Migraine Combinations			IMITREX 5 MG/ACT (Use <i>sumatriptan</i>)	P	5 MG/ACT; QL(6 ea per 31 day(s) retail); AL(At least 12 yrs old)
CAFERGOT TABS (Use <i>ergotamine w/ caffeine</i>)	NC	AL(At least 18 yrs old)			
<i>ergotamine w/ caffeine SUPP</i>	NC		IMITREX 20 MG/ACT (Use <i>sumatriptan</i>)	P	20 MG/ACT; QL(6 ea per 31 day(s) retail); AL(At least 12 yrs old)
<i>ergotamine w/ caffeine TABS</i>	C	AL(At least 18 yrs old)			
MIGRANOW	NC		IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	
SUMANSETRON	NC		IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ml per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan-naproxen sodium</i>	NP		IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ml per 31 day(s) retail); AL(At least 12 yrs old)
<i>sumatriptan-naproxen sodium</i>	NC		IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	
TREXIMET (Use <i>sumatriptan-naproxen sodium</i>)	NC		IMITREX TABS (Use <i>sumatriptan succinate</i>)	NP	QL(9 ea per 31 day(s) retail); AL(At least 12 yrs old)
Migraine Products			MAXALT-MLT TBDP 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(12 ea per 31 day(s) retail); AL(At least 6 yrs old)
DIHYDROERGOTAMINE MESYLATE CRYSTALS	NC		MAXALT TABS 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(12 ea per 31 day(s) retail); AL(At least 6 yrs old)
DIHYDROERGOTAMINE MESYLATE POWD	NC				
ERGOMAR SUBL	NC				
ERGOTAMINE TARTRATE POWD	NC				
TRUDHESA	NC				
Migraine Products - NSAIDs					
<i>diclofenac potassium (migraine)</i>	NC				
ELYXYB	NC				
Serotonin Agonists					
<i>almotriptan malate</i>	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>naratriptan hcl</i>	NP		ZEMBRACE SYMTOUCH SOAJ	NP	
ONZETRA XSAIL EXHP	NC		ZEMBRACE SYMTOUCH SOAJ	NP	
RELPAKX (Use <i>eletriptan hydrobromide</i>)	P	QL(6 ea per 31 day(s) retail)	ZEMBRACE SYMTOUCH SOAJ	NC	
<i>rizatriptan benzoate TABS</i>	P	QL(12 ea per 31 day(s) retail); AL(At least 6 yrs old)	<i>zolmitriptan SOLN 2.5 MG</i>	NC	
<i>rizatriptan benzoate TABS</i>	NC	QL(12 ea per 31 day(s) retail); AL(At least 6 yrs old)	<i>zolmitriptan SOLN 5 MG</i>	NP	QL(6 ea per 31 day(s) retail); AL(At least 12 yrs old)
<i>rizatriptan benzoate TBDP</i>	NC	QL(12 ea per 31 day(s) retail); AL(At least 6 yrs old)	<i>zolmitriptan SOLN 5 MG</i>	NP	
<i>rizatriptan benzoate TBDP</i>	P	QL(12 ea per 31 day(s) retail); AL(At least 6 yrs old)	<i>zolmitriptan TABS</i>	NC	
<i>sumatriptan 5 MG/ACT</i>	NP	5 MG/ACT; QL(6 ea per 31 day(s) retail); AL(At least 12 yrs old)	<i>zolmitriptan TABS</i>	NP	
<i>sumatriptan 20 MG/ACT</i>	NP	20 MG/ACT; QL(6 ea per 31 day(s) retail); AL(At least 12 yrs old)	<i>zolmitriptan TBDP</i>	NP	
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(2 ml per 31 day(s) retail); AL(At least 12 yrs old)	ZOMIG SOLN	NP	
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	P		ZOMIG SOLN (Use <i>zolmitriptan</i>)	NP	
<i>sumatriptan succinate SOCT</i>	P		ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i>)	NC	
<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(2.5 ml per 30 day(s) retail); AL(At least 12 yrs old)	ZOMIG TABS 2.5 MG, 5 MG (Use <i>zolmitriptan</i>)	NP	
<i>sumatriptan succinate TABS</i>	NC		MINERALS & ELECTROLYTES		
<i>sumatriptan succinate TABS</i>	P		Bicarbonates		
			<i>sodium acetate SOLN</i>	NC	
			<i>sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 %</i>	NC	
			SODIUM BICARBONATE IV	NC	
			SODIUM BICARBONATE/DEXTROSE	NC	
			THAM	NC	
			TROMETHAMINE	NC	
			Calcium		
			CALCIFOL	NC	
			CALCIUM 600+D HIGH POTENCY TABS	C	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT-600 MG, 400 UNIT-600 MG, 5 MCG-600 MG</i>	C	QL(2 ea daily)	BIOLYTE SOLN	C	
			CERALYTE 70 SOLN	C	
			CERASPORT EX1 SOLN	C	
			CERASPORT SOLN	C	
<i>calcium carbonate-cholecalciferol TABS 125 UNIT-500 MG, 200 UNIT-200 UNIT-500 MG-500 MG, 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG</i>	C		DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	NC	
			DEXTROSE 10%/SODIUM CHLORIDE 0.2%	NC	
<i>calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT</i>	C		<i>dextrose in lactated ringers</i>	NC	
<i>calcium carbonate-vitamin d TABS 600 MG-200 UNIT</i>	C	QL(2 ea daily)	<i>dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 %</i>	NC	
<i>calcium chloride (dihydrate) SOLN</i>	NC		<i>electrolyte-148</i>	NC	
CALCIUM CHLORIDE SOLN	NC		<i>electrolyte-a</i>	NC	
CALCIUM GLUCONATE/SODIUM CHLORIDE SOLN 1 GM/100ML-0.8 %, 1 GM/100ML-0.9 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.9 %	NC		ELLIOTTS B	NC	
<i>calcium gluconate-sodium chloride SOLN 1 GM/50ML-0.675 %</i>	NC		ENFAMIL ENFALYTE SOLN	C	
<i>calcium gluconate SOLN</i>	NC		EQUALYTE SOLN (Use oral electrolytes)	NC	
CALCIUM GLUCONATE SOSY	NC		HYDRALYTE FREEZER POPS SOLN	C	
CALCIUM-FOLIC ACID PLUS D	NC		HYDRALYTE SOLN	C	
<i>oyster shell</i>	C		IONOSOL-MB/DEXTROSE 5%	NC	
OYSTER SHELL CALCIUM/D TABS	C		ISOLYTE-P/DEXTROSE 5%	NC	
PARVA-CAL	C		ISOLYTE-S	NC	
QC CALCIUM 500MG/D3 TABS	C		ISOLYTE-S PH 7.4	NC	
			KCL 0.15%/D5W/NACL 0.225%	NC	
			KINDERLYTE PREMAX SOLN	C	
			KINDERLYTE SOLN	C	
			<i>lactated ringer's</i>	NC	
Electrolyte Mixtures			NORMOSOL -R	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NORMOSOL-M/D5W	NC		POTASSIUM CHLORIDE/LIDOCAINE HYDROCHLORIDE/SODIUM CHLORIDE 10 MG/100ML-10 MEQ/100ML-0.9 %	NC	
NORMOSOL-R	NC				
NORMOSOL-R/5% DEXTROSE	NC				
<i>oral electrolytes SOLN</i>	C				
<i>parenteral electrolytes CONC</i>	NC		POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/250ML-0.9 %, 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	NC	
PEDIALYTE ADVANCED CARE SOLN (<i>Use oral electrolytes</i>)	NC		POTASSIUM CHLORIDE/SODIUMCHLORIDE 40 MEQ/500ML-0.9 %	NC	
PEDIALYTE FREEZER POPS SOLN (<i>Use oral electrolytes</i>)	NC				
PEDIALYTE IMMUNE SUPPORT SOLN	C		<i>ringer's</i>	NC	
PEDIALYTE SINGLES SOLN (<i>Use oral electrolytes</i>)	NC		TPN ELECTROLYTES CONC	NC	
PEDIALYTE SOLN (<i>Use oral electrolytes</i>)	NC		TRUELYTE SOLN	C	
PLASMA-LYTE-148 (<i>Use electrolyte-148</i>)	NC		Fluoride		
<i>potassium chloride in dextrose 5 %-20 MEQ/L</i>	NC		FLORIVA	NC	
<i>potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %, 5 %-0.15 %-0.225 %, 5 %-0.15 %-0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.225 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %</i>	NC		<i>sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG</i>	C	
<i>potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %</i>	NC		<i>sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML</i>	C	RX/OTC
POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	NC		<i>sodium fluoride TABS</i>	NC	
			Iodine Products		
			<i>iodine strong (lugol's)</i>	NC	
			Magnesium		
			<i>magnesium chloride SOLN</i>	NC	
			MAGNESIUM EXTRA STRENGTH CAPS	C	
			<i>magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG</i>	C	
			MAGNESIUM OXIDE CAPS	C	
			<i>magnesium sulfate IV</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MAGNESIUM SULFATE IJ 50 %	NC		K-TAB TBCR (<i>Use potassium chloride</i>)	NC	
<i>magnesium sulfate in dextrose</i>	NC		POKONZA PACK OR	NC	
MAGNESIUM SULFATE/SODIUMCHLORIDE 0.9 %-2 GM/50ML	NC		<i>potassium acetate SOLN 2 MEQ/ML</i>	NC	
MAGNESIUM CAPS 400 MG	C		POTASSIUM ACETATE SOLN 2 MEQ/ML	NC	
MAGOX 400 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NC		<i>potassium bicarbonate TBEF</i>	C	
SLOW MAGNESIUM CHLORIDE/CALCIUM	NC		<i>potassium chloride microencapsulated crystals er</i>	C	
Manganese			<i>potassium chloride CPCR 10 MEQ</i>	C	
<i>manganese chloride</i>	NC		<i>potassium chloride CPCR 8 MEQ</i>	C	QL(1 ea daily)
Phosphate			<i>potassium chloride PACK OR 20 MEQ</i>	C	
GLYCOPHOS	NC		<i>potassium chloride SOLN IV</i>	NC	
K-PHOS NEUTRAL (<i>Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>)	NC	QL(8 ea daily)	<i>potassium chloride SOLN OR 10 %, 20 %</i>	C	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	C	QL(8 ea daily)	POTASSIUM CHLORIDE SOSY 100 MEQ/50ML	NC	
<i>potassium phosphate monobasic TABS</i>	NC		<i>potassium chloride TBCR 8 MEQ, 10 MEQ</i>	C	
POTASSIUM PHOSPHATE/SODIUM CHLORIDE 0.9 %-1180 MG/250ML-1120 MG/250ML	NC		<i>potassium chloride TBCR 20 MEQ</i>	NC	
<i>potassium phosphates 236 MG/ML-224 MG/ML</i>	NC		Sodium		
<i>sodium phosphates (sodium phosphate dibasic & monobasic) 142 MG/ML-276 MG/ML, 710 MG/5ML-1380 MG/5ML</i>	NC		<i>sodium chloride flush</i>	NC	
Potassium			<i>sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %</i>	NC	
EFFER-K	NC		SODIUM CHLORIDE SOLN IV 4 MEQ/ML	NC	
			Trace Minerals		
			<i>chromic chloride</i>	NC	
			<i>cupric chloride</i>	NC	
			MULTITRACE-4 NEONATAL	NC	

Drug Name	Drug Tier	Requirements/Limits
MULTITRACE-4 PEDIATRIC	NC	
MULTRYS	NC	
<i>selenious acid</i>	NC	
SELENIOUS ACID 12 MCG/2ML, 60 MCG/ML	NC	
THE LIQUILIFT TRACE KIT KIT	NC	
TRACE ELEMENTS 4/PEDIATRIC	NC	
TRALEMENT	NC	
Zinc		
GALZIN	NC	
WILZIN	NC	
<i>zinc chloride SOLN</i>	NC	
ZINC GLUCONATE SOLN	NC	
<i>zinc sulfate CAPS</i>	C	QL(3.34 ea daily)
<i>zinc sulfate SOLN 1 MG/ML, 5 MG/ML</i>	NC	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
DEPEN TITRATABS TABS (<i>Use penicillamine</i>)	NC	
<i>penicillamine CAPS</i>	NC	
<i>penicillamine TABS</i>	C	
Continuous Renal Replacement Therapy (CRRT) Solutions		
PHOXILLUM B22K4/0	NC	
PHOXILLUM BK4/2.5	NC	
PRISMASOL B22GK 4/0 EC	NC	
PRISMASOL BGK 0/2.5	NC	
PRISMASOL BGK 2/0 EC	NC	
PRISMASOL BGK 2/3.5	NC	
PRISMASOL BGK 4/0/1.2	NC	
PRISMASOL BGK 4/2.5	NC	
PRISMASOL BK 0/0/1.2	NC	

Drug Name	Drug Tier	Requirements/Limits
TRISODIUM CITRATE/CRRT	NC	
Digital Therapy		
ASPYRERX	NC	
LUMINOPIA	NC	
Enzymes		
AMPHADASE	NC	
HYLENEX	NC	
VITRASE SOLN	NC	
Homeopathic Products		
STREPTOCOCCINUM 30C PLLT SL	NC	
Immunomodulators		
JOENJA	NC	
REZUROCK	NP	SP
Immunosuppressive Agents		
ASTAGRAF XL CP24	NP	
AZATHIOPRINE	NC	
<i>azathioprine TABS 50 MG</i>	NC	
<i>azathioprine TABS 75 MG, 100 MG</i>	NP	
<i>azathioprine TABS</i>	P	
<i>azathioprine TABS</i>	P	
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NP	
CELLCEPT CAPS (<i>Use mycophenolate mofetil</i>)	NP	
CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NP	
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NP	
CELLCEPT TABS (<i>Use mycophenolate mofetil</i>)	NP	
<i>cyclosporine modified (for microemulsion) CAPS</i>	NC	
<i>cyclosporine modified (for microemulsion) CAPS</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified (for microemulsion) SOLN</i>	P		SANDIMMUNE CAPS (Use <i>cyclosporine</i>)	P	
<i>cyclosporine CAPS</i>	P		SANDIMMUNE SOLN OR	P	QL(8 ml daily)
<i>cyclosporine SOLN IV 50 MG/ML</i>	NC		SIMULECT	NC	
ENSPRYNG	NP	SP	<i>sirolimus SOLN</i>	P	
ENVARBUS XR TB24	NP		<i>sirolimus TABS</i>	P	
ENVARBUS XR TB24	NP		<i>tacrolimus CAPS</i>	NC	
<i>everolimus (immunosuppressant)</i>	NP		<i>tacrolimus CAPS</i>	P	
IMURAN TABS (Use <i>azathioprine</i>)	NP		UPLIZNA	NC	SP
LUPKYNIS	NC	SP	ZORTRESS (Use <i>everolimus (immunosuppressant)</i>)	NP	
<i>mycophenolate mofetil hcl</i>	NC		Patient Assessment Services		
<i>mycophenolate mofetil CAPS</i>	P		EUA PATIENT ASSESSMENT	NC	
<i>mycophenolate mofetil SUSR</i>	P		PIK3CA-Related Overgrowth Spectrum (PROS) Agents		
<i>mycophenolate mofetil TABS</i>	P		VIJOICE PACK	NC	
<i>mycophenolate mofetil TABS</i>	NC		Potassium Removing Agents		
<i>mycophenolate sodium</i>	P		LOKELMA	NC	
<i>mycophenolate sodium</i>	NC		<i>sodium polystyrene sulfonate POWD</i>	C	
MYFORTIC (Use <i>mycophenolate sodium</i>)	NP		<i>sodium polystyrene sulfonate SUSP OR 15 GM/60ML</i>	C	
MYHIBBIN SUSP	NP		VELTASSA	NC	
NEORAL CAPS (Use <i>cyclosporine modified (for microemulsion)</i>)	NP		Prostaglandins		
NEORAL SOLN (Use <i>cyclosporine modified (for microemulsion)</i>)	NP		<i>alprostadil</i>	NC	
PROGRAF CAPS (Use <i>tacrolimus</i>)	NP		PROSTIN VR PEDIATRIC	NC	
PROGRAF PACK	NP		Sclerosing Agents		
PROGRAF SOLN	NC		ASCLERA SOLN	NC	
RAPAMUNE SOLN (Use <i>sirolimus</i>)	P		ETHAMOLIN	NC	
RAPAMUNE TABS (Use <i>sirolimus</i>)	P		POLYOXYL LAURYL ETHER SOLN	NC	
			<i>sodium tetradecyl sulfate</i>	NC	
			VARITHENA FOAM	NC	
			Systemic Lupus Erythematosus Agents		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SAPHNELO	NC	SP	FRAICHE 5000 SENSITIVE GEL	NC	
Uremic Pruritus Agents			NAFRINSE DAILY/ACIDULATED	NC	
KORSUVA	NC		NAFRINSE DAILY/NEUTRAL SOLR	NC	
MOUTH/THROAT/DENTAL AGENTS			NAFRINSE WEEKLY SOLR	NC	
Anesthetics Topical Oral			PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental))	NC	QL(113 ml per 60 day(s) retail)
FIRST-MOUTHWASH BLM	NC		PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	NC	QL(113 ml per 60 day(s) retail)
<i>lidocaine hcl (mouth-throat) 4 %</i>	NC		PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental))	NC	QL(113 ml per 60 day(s) retail)
<i>lidocaine hcl (mouth-throat) 2 %</i>	C	QL(100 ml per fill retail)	PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental))	NC	QL(113 ml per 60 day(s) retail)
Anti-infectives - Throat			PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	NC	QL(113 gm per 60 day(s) retail)
<i>clotrimazole</i>	NC		PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental))	NC	QL(113 gm per 60 day(s) retail)
NYSTATIN (Use nystatin (mouth-throat))	P	2 package(s) per fill retail	PREVIDENT RINSE SOLN	NC	
<i>nystatin (mouth-throat)</i>	NC	2 package(s) per fill retail	<i>sodium fluoride (dental) CREA</i>	C	QL(113 gm per 60 day(s) retail)
<i>nystatin (mouth-throat)</i>	P	2 package(s) per fill retail	<i>sodium fluoride (dental) GEL</i>	C	QL(113 gm per 60 day(s) retail)
ORAVIG	NC		<i>sodium fluoride (dental) PSTE DT</i>	C	QL(113 gm per 60 day(s) retail)
Antiseptics - Mouth/Throat			<i>sodium fluoride (dental) SOLN</i>	NC	
<i>chlorhexidine gluconate (mouth-throat)</i>	C		<i>sodium fluoride-potassium nitrate GEL</i>	NC	
DEBACTEROL	NC		VANISH LQCR	NC	
PERIDEX (Use chlorhexidine gluconate (mouth-throat))	NC		Steroids - Mouth/Throat/Dental		
Dental Products			ACYCLONINE MUM	NC	
DENTA 5000 PLUS SENSITIVE PSTE	NC				
FLUORIDEX SENSITIVITY RELIEF/SLS FREE PSTE	NC				
FLUORIDEX SENSITIVITY RELIEF PSTE	NC				
FLUORIMAX 5000 SENSITIVE PSTE	NC				
FRAICHE 5000 PREVI	NC				

Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (mouth)</i>	C	1 package(s) per fill retail
Throat Products - Misc.		
AQUORAL SOLN	C	QL(900 ml per fill retail); RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	C	QL(900 ml per fill retail); RX/OTC
BOCASAL PACK	NC	
CAPHOSOL SOLN	C	QL(900 ml per fill retail); RX/OTC
<i>cevimeline hcl</i>	NC	
CVS DRY MOUTH SPRAY SOLN	C	QL(900 ml per fill retail); RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	C	QL(900 ml per fill retail); RX/OTC
GELCLAIR	NC	
MOI-STIR SOLN	C	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE REMINT SOLN	C	QL(900 ml per fill retail); RX/OTC
MOUTH KOTE SOLN	C	QL(900 ea per fill retail); RX/OTC
MUCOSITISRX PACK	NC	
NEUTRASAL PACK	NC	
NUMOISYN LIQD	C	QL(900 ml per fill retail); RX/OTC
ORAFATE PSTE	NC	
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	C	QL(900 ml per fill retail); RX/OTC
<i>pilocarpine hcl (oral) 5 MG</i>	C	QL(6 ea daily)
<i>pilocarpine hcl (oral) 7.5 MG</i>	NC	
PROTHELIAL PSTE	NC	

Drug Name	Drug Tier	Requirements/Limits
RA DRY MOUTH SOLN	C	QL(900 ml per fill retail); RX/OTC
SALAGEN 5 MG (<i>Use pilocarpine hcl (oral)</i>)	NC	QL(6 ea daily)
SALIVAMAX PACK	NC	
SILATRIX GEL	NC	
XEROSTOMIA RELIEF SPRAY SOLN	C	QL(900 ml per fill retail); RX/OTC
MULTIVITAMINS		
B-Complex Vitamins		
<i>b-complex vitamins CAPS</i>	C	QL(1 ea daily)
<i>b-complex vitamins TABS</i>	C	QL(1 ea daily)
EB-N3 DR CPDR	NC	
B-Complex w/ C		
<i>b complex w/ c CAPS</i>	C	QL(1 ea daily)
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid CAPS</i>	C	QL(1 ea daily); RX/OTC
<i>b-complex w/ c & folic acid TABS</i>	NC	
<i>b-complex w/ c-biotin-minerals & folic acid</i>	NC	
<i>b-complex w/ folic acid CAPS</i>	C	QL(1 ea daily); PA
<i>b-complex w/biotin & folic acid TABS</i>	C	QL(1 ea daily); PA
DIALYVITE 3000	NC	
DIALYVITE 5000	NC	
DIALYVITE/ZINC	NC	
NEPHPLEX RX	NC	
RENATABS	NC	
RENATABS WITH IRON	NC	
SUPERVITE	NC	
VITAL-D RX	NC	
Multiple Vitamins w/ Calcium		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>multiple vitamins w/ calcium TABS</i>	C	QL(1 ea daily)	CELEBRATE MULTI-COMplete18 CAPS	C	QL(1 ea daily); RX/OTC
ONE-A-DAY WOMENS FORMULA TABS (<i>Use multiple vitamins w/ calcium</i>)	NC	QL(1 ea daily)	CELEBRATE MULTI-COMplete36 CAPS	C	QL(1 ea daily); RX/OTC
SM ONE DAILY ESSENTIAL TABS	C	QL(1 ea daily)	CELEBRATE MULTI-COMplete45 CAPS	C	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Iron			CELEBRATE MULTI-COMplete60 CAPS	C	QL(1 ea daily); RX/OTC
DAVIMET/IRON CHEW	NC		CHOICEFUL MULTIVITAMIN CAPS	C	QL(1 ea daily); RX/OTC
<i>multiple vitamins w/ iron TABS</i>	C	QL(1 ea daily)	CVS ADULT 50+ EYE HEALTH CAPS	C	QL(1 ea daily); RX/OTC
TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS	C	QL(1 ea daily)	CVS EYE HEALTH ADULT 50+ CAPS	C	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Minerals			CVS IMMUNE SUPPORT CAPS	C	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS PERFORMANCE CAPS	C	QL(1 ea daily); RX/OTC	CVS VISION HEALTH CAPS	C	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS W/O IRON CAPS	C	QL(1 ea daily); RX/OTC	DECUBI-VITE CAPS	C	QL(1 ea daily); RX/OTC
ACTIVNUTRIENTS CAPS	C	QL(1 ea daily); RX/OTC	DEKAS PLUS OCEAN CAPS	C	QL(1 ea daily); RX/OTC
ALIVE EVERYDAY IMMUNE HEALTH CAPS	C	QL(1 ea daily); RX/OTC	DEKAS PLUS CAPS	C	QL(1 ea daily); RX/OTC
APETIBEX CAPS	C	QL(1 ea daily); RX/OTC	DEXATRAN CAPS	C	QL(1 ea daily); RX/OTC
APPE-CURB CAPS	C	QL(1 ea daily); RX/OTC	EYE HEALTH CAPS	C	QL(1 ea daily); RX/OTC
BARIATRIC MULTIVITAMINS/IRON CAPS	C	QL(1 ea daily); RX/OTC	EYE MULTIVITAMIN/LUTEIN CAPS	C	QL(1 ea daily); RX/OTC
BIO-35 GLUTEN-FREE CAPS	C	QL(1 ea daily); RX/OTC	EYE MULTIVITAMIN CAPS	C	QL(1 ea daily); RX/OTC
BIO-35 IRON FREE CAPS	C	QL(1 ea daily); RX/OTC	FOLAGENT DHA CAPS	C	QL(1 ea daily); RX/OTC
BIOCAL CAPS	C	QL(1 ea daily); RX/OTC	FOLAMED DHA CAPS	C	QL(1 ea daily); RX/OTC
BONEUP 3 PER DAY CAPS	C	QL(1 ea daily); RX/OTC	GENADEK STEP 1 CAPS	C	QL(1 ea daily); RX/OTC
BONEUP CAPS	C	QL(1 ea daily); RX/OTC	GENADEK STEP 2 CAPS	C	QL(1 ea daily); RX/OTC
BOOSTNOW IMMUNE SUPPORT CAPS	C	QL(1 ea daily); RX/OTC	HAIR/SKIN/NAILS CAPS	C	QL(1 ea daily); RX/OTC
			HEALTHY EYES SUPERVISION2 CAPS	C	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IMMUNE ESSENTIALS DAILY CAPS	C	QL(1 ea daily); RX/OTC	PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	C	QL(1 ea daily); RX/OTC
MENATROL CAPS	C	QL(1 ea daily); RX/OTC	PRESERVISION AREDS 2 CAPS	C	QL(1 ea daily); RX/OTC
MENS 50+ ADVANCED CAPS	C	QL(1 ea daily); RX/OTC	PRESERVISION AREDS CAPS	C	QL(1 ea daily); RX/OTC
MOOD FOOD ES CAPS	C	QL(1 ea daily); RX/OTC	PRESERVISION/LUTEIN CAPS	C	QL(1 ea daily); RX/OTC
MOOD FOOD CAPS	C	QL(1 ea daily); RX/OTC	PRORENAL+D/OMEGA-3 CAPS	C	QL(1 ea daily); RX/OTC
MULTIA CAPS	C	QL(1 ea daily); RX/OTC	PROTECT CARDIO AF CAPS	C	QL(1 ea daily); RX/OTC
<i>multiple vitamins w/ minerals CAPS</i>	C	QL(1 ea daily); RX/OTC	PROTECT PLUS SO CAPS	C	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATION CAPS	C	QL(1 ea daily); RX/OTC	PROTEGRA CAPS	C	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIONND3000 CAPS	C	QL(1 ea daily); RX/OTC	QC OCUHEALTH VISION SUPPORT 2 CAPS	C	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIONND500 CAPS	C	QL(1 ea daily); RX/OTC	REMEDIENT CAPS	C	QL(1 ea daily); RX/OTC
MVW COMPLETE FORMULATIONMINIS CAPS	C	QL(1 ea daily); RX/OTC	SKIN HAIR & NAILS ADVANCED BEAUTY CAPS	C	QL(1 ea daily); RX/OTC
MVW MODULATOR FORMULATION MINIS CAPS	C	QL(1 ea daily); RX/OTC	STROVITE FORTE SYRP	NC	
MVW MODULATOR FORMULATION CAPS	C	QL(1 ea daily); RX/OTC	SUPER ANTIOXIDANT CAPS	C	QL(1 ea daily); RX/OTC
OCUVEL CAPS 250 MG-0.5 MG-5 MG-1 MG-40 MG-1 MG-200 UNIT	C	QL(1 ea daily); RX/OTC	SUPPORT-500 CAPS	C	QL(1 ea daily); RX/OTC
OCUVITE ADULT 50+ CAPS	C	QL(1 ea daily); RX/OTC	THERAMILL FORTE CAPS	C	QL(1 ea daily); RX/OTC
OCUVITE ADULT FORMULA CAPS	C	QL(1 ea daily); RX/OTC	THERANATAL LACTATION ONE CAPS	C	QL(1 ea daily); RX/OTC
OCUVITE LUTEIN CAPS	C	QL(1 ea daily); RX/OTC	VISION HEALTH CAPS	C	QL(1 ea daily); RX/OTC
ONE-DAILY MULTI CAPS CAPS	C	QL(1 ea daily); RX/OTC	VISION OPTIMIZER CAPS	C	QL(1 ea daily); RX/OTC
PRESCRIPTION SUPPORT CAPS	C	QL(1 ea daily); RX/OTC	VISTA ADVANCED AREDS2 FORMULA CAPS	C	QL(1 ea daily); RX/OTC
			VISTA ADVANCED DRY EYE FORMULA CAPS	C	QL(1 ea daily); RX/OTC
			VITABEX PLUS CAPS	C	QL(1 ea daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
VITABEX CAPS	C	QL(1 ea daily); RX/OTC	MULTI VITAMIN TABS	C	QL(1 ea daily); RX/OTC
VITEYES CLASSIC ADVANCED CAPS	C	QL(1 ea daily); RX/OTC	<i>multiple vitamin TABS</i>	C	QL(1 ea daily); RX/OTC
VITEYES CLASSIC MACULAR SUPPORT CAPS	C	QL(1 ea daily); RX/OTC	MULTIVITAMIN ADULT TABS	C	QL(1 ea daily); RX/OTC
VITEYES CLASSIC/OMEGA-3 CAPS	C	QL(1 ea daily); RX/OTC	MULTIVITAMIN TABS	C	QL(1 ea daily); RX/OTC
VITEYES CLASSIC+OMEGA-3 CAPS	C	QL(1 ea daily); RX/OTC	NEOMULTIVITE TABS	C	QL(1 ea daily); RX/OTC
VITEYES CLASSIC CAPS	C	QL(1 ea daily); RX/OTC	OMNICAP TABS	C	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Minerals & Calcium-Folic Acid			ONE DAILY ESSENTIALS TABS	C	QL(1 ea daily); RX/OTC
FOLGARD OS TABS	NC		ONE DAILY ESSENTIAL TABS	C	QL(1 ea daily); RX/OTC
Multiple Vitamins w/ Minerals & Fluoride-Iron-Folic Acid			ONE VITE DAILY MULTIVITAMIN TABS	C	QL(1 ea daily); RX/OTC
QUFLORA FE	NC		ONE-A-DAY ADULT VITACRAVES MULTI+OMEGA-3 DHA GUMMIES CHEW	C	QL(1 ea daily); RX/OTC
Multivitamins			ONE-A-DAY ESSENTIAL TABS (<i>Use multiple vitamin</i>)	NC	QL(1 ea daily); RX/OTC
ALTRIXA TABS	C	QL(1 ea daily); RX/OTC	ONE-A-DAY MENS TABS (<i>Use multiple vitamin</i>)	NC	QL(1 ea daily); RX/OTC
AMLADDEX TABS	C	QL(1 ea daily); RX/OTC	QUINTABS TABS	C	QL(1 ea daily); RX/OTC
DAILY MULTIPLE VITAMINS TABS	C	QL(1 ea daily); RX/OTC	THERA TABS	C	QL(1 ea daily); RX/OTC
DAVIMET-M CHEW	C	QL(1 ea daily); RX/OTC	THEREMS MULTIVITAMIN TABS	C	QL(1 ea daily); RX/OTC
DERMACINRX DAVIMET CHEW	C	QL(1 ea daily); RX/OTC	TM-DAILY VITE TABS	C	QL(1 ea daily); RX/OTC
ESTROFACTORS TABS	C	QL(1 ea daily); RX/OTC	TRUE MULTIVITAMIN TABS	C	QL(1 ea daily); RX/OTC
FOLCYTEINE TABS	C	QL(1 ea daily); RX/OTC	VITAZYME TABS	C	QL(1 ea daily); RX/OTC
GENICIN VITA-Q TABS	C	QL(1 ea daily); RX/OTC	VITLIPID N ADULT EMUL IV	NC	
HIGH POTENCY MULTIVITAMIN TABS	C	QL(1 ea daily); RX/OTC	Ped Multi Vitamins w/FI & FE		
MULTI VITAMIN/D-3 TABS	C	QL(1 ea daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>ped multivitamins w/fl & iron SOLN</i>	C	QL(50 ml per fill retail); AL(Up to 21 yrs old); RX/OTC	FLINTSTONES GUMMIES COMPLETE CHEW	C	QL(1 ea daily)
POLY-VI-FLOR/IRON CHEW	NC		FLINTSTONES GUMMIES PLUSBONE BUILDING SUPPORT CHEW	C	QL(1 ea daily)
POLY-VI-FLOR/IRON SUSP	NC	RX/OTC	FLINTSTONES GUMMIES/IMMUNITY SUPPORT/EXTRA C CHEW	C	QL(1 ea daily)
Ped Multiple Vitamins w/ Minerals			FLINTSTONES GUMMIES CHEW	C	QL(1 ea daily)
ACTIVNUTRIENTS CHEWABLE CHEW	C	QL(1 ea daily)	FLINTSTONES SOUR GUMMIES CHEW	C	QL(1 ea daily)
ACTIVNUTRIENTS CHEW	C	QL(1 ea daily)	FLINTSTONES TODDLER/TASTISMOOTH H CHEW	C	QL(1 ea daily)
ALIVE GUMMIES FOR CHILDREN CHEW	C	QL(1 ea daily)	FLINTSTONES/IMMUNITY SUPPORT CHEW	C	QL(1 ea daily)
ALIVE MULTI-VITAMIN CHILDRENS CHEWABLE CHEW	C	QL(1 ea daily)	GNP MULTI CHILDRENS CHEW	C	QL(1 ea daily)
CENTRUM FLAVOR BURST KIDS CHEW	C	QL(1 ea daily)	GUMMI BEAR MULTIVITAMIN/MINERAL CHEW	C	QL(1 ea daily)
CENTRUM KIDS CHEW	C	QL(1 ea daily)	JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW	C	QL(1 ea daily)
CHILDRENS GUMMIES CHEW	C	QL(1 ea daily)	MULTIVITAMIN GUMMIES CHILDRENS CHEW	C	QL(1 ea daily)
CVS GUMMY DINOS CHILDRENS CHEW	C	QL(1 ea daily)	MVW COMPLETE FORMULATION CHEW	C	QL(1 ea daily)
CVS GUMMY DINOS CHEW	C	QL(1 ea daily)	MVW COMPLETE FORMULATIOND3000 CHEW	C	QL(1 ea daily)
CVS GUMMY MULTIVITAMIN KIDS CHEW	C	QL(1 ea daily)	MVW COMPLETE FORMULATIOND5000 CHEW	C	QL(1 ea daily)
EQ MULTIVITAMIN GUMMIES CHILDRENS CHEW	C	QL(1 ea daily)	ONE-A-DAY SCOOPY-DOO GUMMIES CHEW <i>(Use pediatric multiple vitamin w/ minerals)</i>	NC	QL(1 ea daily)
EQ MULTIVITAMINS CHILDRENS GUMMY CHEW	C	QL(1 ea daily)	ONE-A-DAY/JOLLY RANCHER CHEW	C	QL(1 ea daily)
EQL GUMMIES CHILDRENS CHEW	C	QL(1 ea daily)			
FLINTSTONES COMPLETE/CALCIUM & VITAMIN D CHEW	C	QL(1 ea daily)			
FLINTSTONES COMPLETE CHEW	C	QL(1 ea daily)			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>pediatric multiple vitamin w/ minerals & c CHEW</i> 400 UNIT-60 MG-2 MG-45 MCG-400 MCG-6 MCG-1.7 MG-10 MCG-20 MG-3500 UNIT-10 MG-1.5 MG-15 MG-2 MG-40 MG-108 MG-20 MCG-150 MCG-30 UNIT-50 MG-1 MG-20 MCG-18 MG	C	QL(1 ea daily)	POLY-VITA/IRON SOLN	C	QL(60 ml per fill retail)
			POLY-VITE/IRON SOLN	C	QL(60 ml per fill retail)
SMARTY PANTS KIDS COMPLETE AND FIBER CHEW			Pediatric Multiple Vitamins		
SPONGEBOB SQUAREPANTS GUMMIES CHEW	C	QL(1 ea daily)	BPROTECTED PEDIA POLY-VITE SOLN OR	C	QL(50 ml per fill retail)
VITACHEW MULTIPLE VITAMIN CHILDRENS CHEW	C	QL(1 ea daily)	MULTIVITAMIN INFANT & TODDLER SOLN OR	C	QL(50 ml per fill retail)
VITALETS CHILDRENS CHEW	C	QL(1 ea daily)	MULTIVITAMIN INFANT/TODDLER SOLN OR	C	QL(50 ml per fill retail)
YUMVSKIDS MULTI ZERO CHEW	C	QL(1 ea daily)	PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	C	QL(50 ml per fill retail)
ZOO FRIENDS MULTI GUMMIES CHEW	C	QL(1 ea daily)	POLY-VI-SOL SOLN OR	C	QL(50 ml per fill retail)
Ped MV w/ Fluoride			POLY-VITA SOLN OR	C	QL(50 ml per fill retail)
DAVIMET/FLUORIDE CHEW	NC		POLY-VITE PEDIATRIC SOLN OR	C	QL(50 ml per fill retail)
POLY-VI-FLOR SUSP	NC		VITALIPID N INFANT EMUL	NC	
TRI-VI-FLOR	NC		VITLIPID N INFANT EMUL	NC	
TRI-VI-FLORO	NC		Pediatric Multiple Vitamins & Minerals w/ Fluoride		
Ped MV w/ Iron			FLORIVA	NC	
BPROTECTED PEDIA POLY-VITE/IRON SOLN	C	QL(60 ml per fill retail)	Prenatal Vitamins		
MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN	C	QL(60 ml per fill retail)	ATABEX EC TBEC	NC	
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	C	QL(60 ml per fill retail)	AZESCO TABS	NC	
POLY-VI-SOL/IRON SOLN	C	QL(60 ml per fill retail)	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	NC	
			CITRANATAL ASSURE	NC	
			CITRANATAL B-CALM 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NC	
			CITRANATAL DHA	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	NC		OB COMPLETE PETITE	NC	
CITRANATAL MEDLEY	NC		OB COMPLETE PREMIER	NC	
C-NATE DHA CAPS	NC		OB COMPLETE/DHA	NC	
COMPLETE NATAL DHA	NC		OB COMPLETE TABS	NC	
CONCEPT DHA	NC		OBSTETRIX ONE 30 MG- 15 UNIT-250 UNIT-15 MCG-25 MG-15 MG-20 MG-18 MG-38 MG-1 MG- 225 MG	NC	
CONCEPT OB	NC		PNV PRENATAL PLUS MULTIVITAMIN + DHA MISC	NC	
DERMACINRX PRETRATE TABS	NC		PNV-DHA+DOCUSATE	NC	
DUET DHA 400 MISC	NC		PNV-OMEGA	NC	
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	NC		PREGEN DHA CAPS	NC	
ENBRACE HR	NC		PREMESISRX	NC	
KOSHER PRENATAL PLUS IRON TABS	NC		PRENA 1 TRUE	NC	
MULTI-MAC	NC		PRENA1 CHEW	NC	
NATACHEW CHEW 120 MG-10 MG-20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG	NC		PRENA1 PEARL	NC	
NATAL PNV TABS	NC		PRENAISSANCE	NC	
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	NC		PRENAISSANCE PLUS CAPS	NC	
NEONATAL 19	NC		<i>prenatal vit w/ ferrous fumarate-folic acid TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG- 3000 UNIT-22 MG</i>	NC	
NEONATAL FE	NC		<i>prenatal vit w/ ferrous fumarate-l methylfolate- folic acid</i>	NC	
NEONATAL/DHA MISC	NC				
NESTABS	NC				
NESTABS DHA	NC				
OB COMPLETE ONE	NC				

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG, 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</i>	NC		PRENATVITE COMPLETE TABS	NC	
<i>prenatal without a w/ fe fumarate-l methylfolate-fa-dha</i>	NC		PRENATVITE PLUS TABS	NC	
PRENATE	NC		PRIMACARE	NC	
PRENATE AM	NC		PROVIDA OB	NC	
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	NC		RELNATE DHA CAPS	NC	
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	NC		SELECT-OB+DHA MISC	C	QL(1 ea daily)
PRENATE ENHANCE	NC		SELECT-OB CHEW	NC	
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	NC		TRISTART DHA	NC	
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	NC		TRISTART FREE	NC	
PRENATE PIXIE	NC		VINATE DHA RF	NC	
PRENATE RESTORE	NC		VIRT-C DHA	NC	
PRENATOL-M TABS	NC		VIRT-NATE DHA CAPS	NC	
			VIRT-PN DHA	NC	
			VITAFOL GUMMIES	NC	
			VITAFOL STRIPS	NC	
			VITAFOL ULTRA	NC	
			VITAFOL-NANO	NC	
			VITAFOL-OB+DHA MISC	NC	
			VITAFOL-ONE CAPS	C	QL(1 ea daily)
			VITAMEDMD ONE RX/QUATREFOLIC	NC	
			VITAMEDMD REDICHEW RX	NC	
			VITAPEARL	NC	
			VITATRUE	NC	
			VIVA DHA CAPS	NC	
			WESCAP-C DHA	NC	
			WESCAP-PN DHA	NC	
			WESNATAL DHA COMPLETE	NC	
			WESNATE DHA CAPS	NC	
			WESTGEL DHA	NC	
			ZALVIT TABS	NC	
			ZATEAN-PN DHA	NC	
			ZIPHEX TABS	NC	
			Specialty Vitamins Products		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALLERWELL ALLERGY FORMULA TABS	C	QL(1 ea daily); RX/OTC	<i>vitamins w/ lipotropics CAPS</i>	C	QL(1 ea daily)
BIOTIN PLUS KERATIN TABS	C	QL(1 ea daily); RX/OTC	MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
CENTRUM PERFORMANCE TABS	C	QL(1 ea daily); RX/OTC	Central Muscle Relaxants		
CENTRUM SPECIALIST ENERGY TABS	C	QL(1 ea daily); RX/OTC	AMRIX CP24 (<i>Use cyclobenzaprine hcl</i>)	NP	
CVS HAIR/SKIN/NAILS TABS	C	QL(1 ea daily); RX/OTC	<i>baclofen SOLN OR 10 MG/5ML</i>	NC	
ELON MATRIX 5000 TABS	C	QL(1 ea daily); RX/OTC	<i>baclofen SOLN OR 10 MG/5ML</i>	NP	
ELON MATRIX PLUS TABS	C	QL(1 ea daily); RX/OTC	BACLOFEN SOLN XX	NC	
ELON MATRIX 5000 COMPLETE TABS	C	QL(1 ea daily); RX/OTC	<i>baclofen SUSP</i>	NP	
ELON MATRIX COMPLETE TABS	C	QL(1 ea daily); RX/OTC	<i>baclofen TABS</i>	P	
ELON R3 TABS	C	QL(1 ea daily); RX/OTC	<i>baclofen TABS 5 MG, 10 MG, 20 MG</i>	NC	
HAIR FARE TABS	C	QL(1 ea daily); RX/OTC	<i>carisoprodol TABS</i>	NP	
HAIR NOURISHING SUPPLEMENT TABS	C	QL(1 ea daily); RX/OTC	<i>carisoprodol TABS</i>	NC	
HEART TABS TABS	C	QL(1 ea daily); RX/OTC	<i>chlorzoxazone TABS 375 MG, 750 MG</i>	NP	
LIPIDSHIELD PLUS TABS	C	QL(1 ea daily); RX/OTC	<i>chlorzoxazone TABS</i>	P	
MEMORY COMPLEX BRAIN HEALTH TABS	C	QL(1 ea daily); RX/OTC	<i>chlorzoxazone TABS</i>	NC	
MG PLUS PROTEIN TABS	C	QL(1 ea daily); RX/OTC	<i>cyclobenzaprine hcl CP24</i>	NP	
MIL ADREGEN TABS	C	QL(1 ea daily); RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	P	QL(4 ea daily)
RA EAR CARE TABS	C	QL(1 ea daily); RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NC	QL(4 ea daily)
<i>specialty vitamins products TABS</i>	C	QL(1 ea daily); RX/OTC	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	NC	QL(3 ea daily)
THERABETIC EYE HEALTH TABS	C	QL(1 ea daily); RX/OTC	<i>cyclobenzaprine hcl TABS 7.5 MG</i>	NP	QL(4 ea daily)
UPSPRING HE NATAL TABS	C	QL(1 ea daily); RX/OTC	<i>cyclobenzaprine hcl TABS 5 MG, 10 MG</i>	P	QL(3 ea daily)
Vitamins w/ Lipotropics			CYCLOPHENE RAPIDPAQ CREA	NC	
			ENOVARX-CYCLOBENZAPRINE HCL CREA	NC	
			FLEQSUVY SUSP (<i>Use baclofen</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LYVISPAH PACK	NP		RYANODEX SUSR	NC	
LYVISPAH PACK	NP		Muscle Relaxant Combinations		
<i>metaxalone</i>	NC		<i>carisoprodol w/ aspirin & codeine</i>	NP	
<i>metaxalone</i>	NC		METAXALL CP	NC	
<i>metaxalone</i>	NP		Viscosupplements		
<i>metaxalone</i>	NP		EUFLEXXA SOSY	NC	SP
<i>methocarbamol SOLN</i>	NC		GELSYN-3 SOSY	NC	SP
<i>methocarbamol TABS 500 MG, 750 MG</i>	P		HYALGAN SOSY	NC	SP
<i>methocarbamol TABS 500 MG, 750 MG</i>	NC		HYRONAN KIT	NC	SP
METHOCARBAMOL TABS	NC		MONOVISC	NC	SP
<i>orphenadrine citrate SOLN</i>	NC		ORTHOVISC	NC	SP
<i>orphenadrine citrate TB12</i>	NC	QL(2 ea daily)	SYNOJOYNT SOSY	NC	SP
<i>orphenadrine citrate TB12</i>	P	QL(2 ea daily)	SYNVISC ONE SOSY	NC	SP
OZOBAX DS SOLN OR (Use baclofen)	NC		SYNVISC SOSY	NC	SP
SOMA TABS (Use carisoprodol)	NP		TRILURON SOSY	NC	SP
SOMA TABS (Use carisoprodol)	NP		NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
TABRADOL FUSEPAQ	NC		Nasal Agent Combinations		
TABRADOL RAPIDPAQ	NC		<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
<i>tizanidine hcl CAPS</i>	NP		DYMISTA SUSP (Use azelastine hcl-fluticasone propionate)	NP	
<i>tizanidine hcl CAPS</i>	NC		RYALTRIS	NP	
<i>tizanidine hcl TABS</i>	P		Nasal Agents - Misc.		
<i>tizanidine hcl TABS 4 MG</i>	NC		LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	C	1 package(s) per fill retail
ZANAFLEX CAPS (Use tizanidine hcl)	NP		OCEAN NASAL SPRAY SOLN (Use saline)	NC	1 package(s) per fill retail
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NP		<i>saline SOLN</i>	C	1 package(s) per fill retail
Direct Muscle Relaxants			Nasal Anesthetics		
DANTRIUM CAPS 25 MG (Use dantrolene sodium)	NP		COCAINE HYDROCHLORIDE	NC	
<i>dantrolene sodium CAPS</i>	P		GOPRELTO	NC	
<i>dantrolene sodium CAPS</i>	P				
<i>dantrolene sodium SOLR</i>	NC				

Drug Name	Drug Tier	Requirements/Limits
NUMBRINO	NC	
Nasal Antiallergy		
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	1 package(s) per 31 day(s) retail
<i>azelastine hcl 0.15 %</i>	NP	1 package(s) per 31 day(s) retail; RX/OTC
<i>azelastine hcl</i>	NC	1 package(s) per 31 day(s) retail; RX/OTC
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	C	QL(26 ml per 31 day(s) retail)
<i>NASALCROM (Use cromolyn sodium (nasal))</i>	NC	QL(26 ml per 31 day(s) retail)
<i>olopatadine hcl (nasal)</i>	NC	
<i>olopatadine hcl (nasal)</i>	NP	
<i>PATANASE (Use olopatadine hcl (nasal))</i>	NP	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.03 %</i>	P	QL(31 ml per 31 day(s) retail)
<i>ipratropium bromide (nasal) 0.06 %</i>	P	QL(15 ml per 31 day(s) retail)
Nasal Steroids		
BECONASE AQ	NP	
<i>budesonide (nasal)</i>	C	QL(9 ml per 31 day(s) retail)
<i>FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))</i>	NC	1 package(s) per fill retail; RX/OTC
<i>FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))</i>	NC	1 package(s) per fill retail; RX/OTC
<i>flunisolide (nasal) 0.025 %</i>	NP	
<i>fluticasone propionate (nasal) SUSP</i>	P	1 package(s) per fill retail; RX/OTC
<i>fluticasone propionate (nasal) SUSP</i>	NC	1 package(s) per fill retail; RX/OTC

Drug Name	Drug Tier	Requirements/Limits
<i>NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal))</i>	NC	QL(17 ml per 31 day(s) retail); AL(At least 2 yrs old)
<i>NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))</i>	NC	QL(17 ml per 31 day(s) retail); AL(At least 2 yrs old)
OMNARIS SUSP	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
SINUVA IMPL	NC	
<i>triamcinolone acetonide (nasal) AERO</i>	C	QL(17 ml per 31 day(s) retail); AL(At least 2 yrs old)
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
<i>epinephrine hcl (nasal)</i>	NC	
<i>pseudoephedrine hcl TABS</i>	C	
<i>pseudoephedrine hcl TB12</i>	C	QL(2 ea daily)
SUDAFED CHILDRENS LIQD	C	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
<i>RILUTEK TABS (Use riluzole)</i>	NC	PA
<i>riluzole TABS</i>	C	PA
Depolarizing Muscle Relaxants		
ANECTINE SOLN	NC	
<i>succinylcholine chloride SOLN</i>	NC	
SUCCINYLCHOLINE CHLORIDE SOLN	NC	
SUCCINYLCHOLINE CHLORIDE SOSY IV	NC	

Drug Name	Drug Tier	Requirements/Limits
Muscular Dystrophy Agents		
DUVYZAT	NC	
VILTEPSO	NC	SP
VYONDYS 53	C	SP; PA
Neuromuscular Blocking Agent - Neurotoxins		
BOTOX IJ	NC	SP
DYSPORE	NC	SP
XEOMIN	NC	SP
Nondepolarizing Muscle Relaxants		
<i>atracurium besylate 50 MG/5ML, 100 MG/10ML</i>	NC	
<i>cisatracurium besylate SOLN</i>	NC	
<i>NIMBEX SOLN (Use cisatracurium besylate)</i>	NC	
<i>rocuronium bromide SOLN</i>	NC	
ROCURONIUM BROMIDE SOSY 50 MG/5ML, 75 MG/7.5ML, 100 MG/10ML	NC	
<i>vecuronium bromide SOLR</i>	NC	
VECURONIUM BROMIDE SOSY	NC	
Spinal Muscular Atrophy Agents (SMA)		
EVRYSDI	NC	SP
NUTRIENTS		
Carbohydrates		
POLYCOSE LIQD	C	QL(124 ml per 31 day(s) retail)
POLYCOSE POWD	C	QL(350 gm per 31 day(s) retail)
Lipids		
OMEGAVEN	NC	
Lipotropics		
LIPO	NC	
LIPO-C	NC	

Drug Name	Drug Tier	Requirements/Limits
Misc. Nutritional Substances		
<i>omega-3 fatty acids CAPS</i>	C	QL(6 ea daily)
Proteins		
AMINO ACID INFUSION/DEXTROSE	NC	
AMINO ACIDS/DEXTROSE	NC	
AMINO ACIDS/DEXTROSE/CALCIUM/HEPARIN	NC	
CLINIMIX 6/5	NC	
CLINIMIX 8/10	NC	
CLINIMIX 8/14	NC	
CLINIMIX E 8/10	NC	
CLINIMIX E 8/14	NC	
GLUTATHIONE (L) SOLN IV 6 GM/30ML	NC	
GLUTATHIONE REDUCED SOLN IJ	NC	
GLYCINE SOLN	NC	
L-ARGININE HYDROCHLORIDE	NC	
L-LYSINE HYDROCHLORIDE SOLN	NC	
TAURINE SOLN	NC	
TRI-AMINO	NC	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT	NC	
<i>polyvinyl alcohol 1.4 %</i>	C	
<i>white petrolatum-mineral oil</i>	C	1 package(s) per fill retail
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	NC	1 package(s) per 31 day(s) retail
<i>betaxolol hcl (ophth) SOLN</i>	P	1 package(s) per 31 day(s) retail

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BETIMOL	NP		<i>timolol maleate (ophth) SOLN 0.25 %</i>	P	
BETIMOL	NC		<i>timolol maleate (ophth) SOLN 0.5 %</i>	NP	
BETOPTIC-S SUSP	NC		<i>timolol maleate (ophth) SOLN 0.5 %</i>	NC	QL(15 ea per 31 day(s) retail)
BETOPTIC-S SUSP	NP		<i>timolol maleate (ophth) SOLN 0.5 %</i>	P	QL(15 ml per 31 day(s) retail)
<i>brimonidine tartrate-timolol maleate</i>	NP		TIMOLOL/BRIMONIDE/DORZOLAMIDE	NC	
<i>carteolol hcl (ophth)</i>	P	1 max fill(s) per 31 day(s) retail	TIMOLOL/BRIMONIDINE/DORZOLAMIDE/LATANO PROST	NC	
COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	P		TIMOLOL/DORZOLAMIDE/LATANOPROST	NC	
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NC	QL(10 ml per 31 day(s) retail)	TIMOLOL/LATANOPROST	NC	
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ml per 31 day(s) retail)	TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ea per 31 day(s) retail)
COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	NP		TIMOPTIC OCUDOSE SOLN 0.5 % (<i>Use timolol maleate (ophth)</i>)	NC	QL(15 ea per 31 day(s) retail)
COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	NC		TIMOPTIC SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ml per 31 day(s) retail)
DORZOLAMIDE HCL/TIMOLOL MALEATE	NC	QL(10 ml per 31 day(s) retail)	TIMOPTIC-XE SOLG (<i>Use timolol maleate (ophth)</i>)	NP	
<i>dorzolamide hcl-timolol maleate 0.5 %-2 %</i>	NC		Cholinergic Agonists		
<i>dorzolamide hcl-timolol maleate</i>	NP		TYRVAYA	NP	
<i>dorzolamide hcl-timolol maleate 6.8 MG/ML-22.3 MG/ML</i>	NC	QL(10 ml per 31 day(s) retail)	TYRVAYA	NP	
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ml per 31 day(s) retail)	Cycloplegic Mydriatics		
ISTALOL SOLN (<i>Use timolol maleate (ophth)</i>)	NP		<i>atropine sulfate (ophthalmic) OINT</i>	C	QL(4 gm per fill retail)
ISTALOL SOLN (<i>Use timolol maleate (ophth)</i>)	NP		<i>atropine sulfate (ophthalmic) SOLN</i>	C	
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ml per 31 day(s) retail)	ATROPINE SULFATE SOLN (<i>Use atropine sulfate (ophthalmic)</i>)	NC	
<i>timolol maleate (ophth) SOLG</i>	P		ATROPINE SULFATE SOLN 0.025 %, 0.05 %, 1 %	NC	

Drug Name	Drug Tier	Requirements/Limits
ATROPINE SULFATE SOLN 1 %	C	
CYCLOGYL 2 %	C	1 package(s) per 31 day(s) retail
CYCLOGYL 0.5 %	C	
CYCLOGYL (Use cyclopentolate hcl)	NC	
CYCLOMYDRIL	NC	
cyclopentolate hcl 2 %	C	1 package(s) per 31 day(s) retail
cyclopentolate hcl 0.5 %, 1 %	C	
homatropine hbr	C	
ISOPTO ATROPINE SOLN	C	
MYDRIACYL SOLN (Use tropicamide)	NC	
TROPICAMIDE/PROPARACAINE/PHENYLEPHRINE/KETOROLAC	NC	
tropicamide SOLN	C	
Miotics		
MIOCHOL-E SOLR	NC	
MIOSTAT IO	NC	
PHOSPHOLINE IODIDE	NC	
pilocarpine hcl SOLN 1 %, 2 %, 4 %	C	
VUITY SOLN	NC	
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOLN	NC	SP
BEVACIZUMAB IZ 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	NC	SP
EYLEA SOSY	NC	SP
VABYSMO	NC	SP
Ophthalmic Adrenergic Agents		

Drug Name	Drug Tier	Requirements/Limits
ALPHAGAN P (Use brimonidine tartrate)	P	
ALPHAGAN P (Use brimonidine tartrate)	P	
apraclonidine hcl	NP	
apraclonidine hcl	NC	
BRIMONIDE/DORZOLAMIDE P-F	NC	
brimonidine tartrate 0.2 %	P	1 package(s) per 31 day(s) retail
brimonidine tartrate 0.1 %, 0.15 %	NP	
brimonidine tartrate 0.1 %, 0.15 %	NP	
brimonidine tartrate 0.2 %	NC	1 package(s) per 31 day(s) retail
IOPIDINE	NP	
IOPIDINE	NP	
SIMBRINZA	NP	
SIMBRINZA	NC	
Ophthalmic Anti-infectives		
AZASITE	NP	
AZASITE	NC	
BACIGUENT	C	QL(4 gm per 31 day(s) retail)
bacitracin (ophthalmic)	C	QL(4 gm per 31 day(s) retail)
bacitracin-polymyxin b (ophth)	C	QL(4 gm per 31 day(s) retail)
BESIVANCE	NP	
BETADINE OPHTHALMIC PREP	NC	
BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	NC	QL(15 ml per 31 day(s) retail)
CILOXAN OINT	NP	1 package(s) per fill retail
ciprofloxacin hcl (ophth) SOLN	NC	1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ciprofloxacin hcl (ophth) SOLN</i>	P	1 package(s) per fill retail	POVIDONE IODINE	NC	
ERYTHROMYCIN	C		<i>sulfacetamide sodium (ophth) OINT</i>	C	QL(4 gm per 31 day(s) retail)
<i>erythromycin (ophth)</i>	C		<i>sulfacetamide sodium (ophth) SOLN</i>	C	QL(15 ml per 31 day(s) retail)
<i>gatifloxacin (ophth)</i>	NP		<i>tobramycin (ophth) SOLN</i>	NP	QL(5 ml per 31 day(s) retail)
<i>gatifloxacin (ophth)</i>	NC		<i>tobramycin (ophth) SOLN</i>	NC	QL(5 ml per 31 day(s) retail)
<i>gentamicin sulfate (ophth) OINT</i>	C	QL(4 gm per 31 day(s) retail)	TOBRAMYCIN/VANCOMYCIN HYDROCHLORIDE	NC	
<i>gentamicin sulfate (ophth) SOLN</i>	C	2 package(s) per fill retail	TOBREX OINT	NP	
KLARITY-A	NC		TOBREX OINT	NC	
<i>levofloxacin (ophth) 0.5 %</i>	NC		<i>trifluridine</i>	C	QL(8 ml per 31 day(s) retail)
MITOMYCIN SOSY 0.02 %	NC		VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>)	P	QL(3 ml per fill retail)
MITOSOL KIT	NC		XDEMVY	NC	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	QL(3 ml per fill retail)	ZIRGAN GEL	NC	
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NC	QL(3 ml per fill retail)	ZYMAXID (Use <i>gatifloxacin (ophth)</i>)	NP	
MOXIFLOXACIN HYDROCHLORIDE/SODIUM CHLORIDE	NC		Ophthalmic Decongestants		
MOXIFLOXACIN HYDROCHLORIDE SOLN IO 1 MG/ML, 5 MG/ML	NC		<i>naphazoline w/ pheniramine</i>	C	QL(15 ml per 31 day(s) retail)
MOXIFLOXACIN HYDROCHLORIDE SOSY IO 0.16 %, 0.3 MG/0.3ML	NC		NAPHCON-A (Use <i>naphazoline w/ pheniramine</i>)	NC	QL(15 ml per 31 day(s) retail)
MOXIFLOXACIN SOLN IO	NC		OPCON-A (Use <i>naphazoline w/ pheniramine</i>)	NC	QL(15 ml per 31 day(s) retail)
NATACYN	NC		<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	C	1 package(s) per 31 day(s) retail
<i>neomycin-bacitracin zn-polymyxin</i>	C	QL(4 gm per 31 day(s) retail)	VISINE RED EYE COMFORT (Use <i>tetrahydrozoline hcl (ophth)</i>)	NC	1 package(s) per 31 day(s) retail
<i>neomycin-polymyxin-gramicidin</i>	C	1 package(s) per fill retail	Ophthalmic Immunomodulators		
OCUFLOX (Use <i>ofloxacin (ophth)</i>)	NP	QL(10 ml per 31 day(s) retail)	CEQUA SOLN	NP	
<i>ofloxacin (ophth)</i>	NC		<i>cyclosporine (ophth) EMUL</i>	NP	
<i>ofloxacin (ophth)</i>	NP				
<i>polymyxin b-trimethoprim</i>	C	1 package(s) per fill retail; 1 max fill(s) per 30 day(s) retail			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KLARITY-C DROPS EMUL	NC		DEXYCU SUSP IO	NC	SP
RESTASIS MULTIDOSE EMUL	P		<i>difluprednate</i>	NC	
RESTASIS EMUL (<i>Use cyclosporine (ophth)</i>)	P		DOUBLE PM SOLR	NC	
VERKAZIA EMUL	NP		EYSUVIS SUSP	NP	
VEVYE SOLN	NP		FLAREX	NC	
Ophthalmic Integrin Antagonists			<i>fluorometholone (ophth) SUSP</i>	C	1 package(s) per 31 day(s) retail
XIIDRA	P		FML FORTE SUSP	NC	
Ophthalmic Kinase Inhibitors			FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	NC	1 package(s) per 31 day(s) retail
RHOPRESSA	NC		FML OINT	C	QL(4 gm per 31 day(s) retail)
ROCKLATAN	NC		INVELTYS SUSP	NC	
Ophthalmic Local Anesthetics			KLARITY-L EMUL	NC	
AKTEN	NC		LOTEMAX SM GEL	NC	
LIDOCAINE HYDROCHLORIDE/EPIN EPHRINE	NC		LOTEMAX OINT	NC	
LIDOCAINE HYDROCHLORIDE/PHEN YLEPHRINE HYDROCHLORIDE	NC		<i>loteprednol etabonate GEL</i>	NC	
<i>proparacaine hcl</i>	NC		<i>loteprednol etabonate SUSP 0.2 %</i>	NP	
<i>tetracaine hcl (ophth)</i>	C		<i>loteprednol etabonate SUSP 0.5 %</i>	NC	
Ophthalmic Steroids			MAXIDEX SUSP OP	NC	
ALREX SUSP (<i>Use loteprednol etabonate</i>)	NP		MAXITROL OINT (<i>Use neomycin-polymy-dexameth</i>)	NC	QL(4 gm per 31 day(s) retail)
ALREX SUSP (<i>Use loteprednol etabonate</i>)	NP		MAXITROL SUSP (<i>Use neomycin-polymy-dexameth</i>)	NC	QL(10 ml per 31 day(s) retail)
<i>bacitracin-poly-neomycin-hc</i>	NC		<i>neomycin-polymy-dexameth OINT</i>	C	QL(4 gm per 31 day(s) retail)
BLEPHAMIDE S.O.P. OINT	C		<i>neomycin-polymy-dexameth SUSP</i>	C	QL(10 ml per 31 day(s) retail)
<i>dexamethasone sodium phosphate (ophth)</i>	C		<i>neomycin-polymyxin-hc (ophth)</i>	C	QL(15 ml per 31 day(s) retail)
DEXAMETHASONE/MOXI FLOXACIN HCL	NC		PRED FORTE (<i>Use prednisolone acetate (ophth)</i>)	NC	QL(15 ml per 31 day(s) retail)
DEXAMETHASONE/MOXI FLOXACIN/KETOROLAC	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRED MILD	C	1 package(s) per 31 day(s) retail	TOBRADEX OINT	C	QL(4 gm per 31 day(s) retail)
PRED-G S.O.P. OINT	NC		TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NC	1 package(s) per 31 day(s) retail
PRED-G SUSP	C	1 package(s) per fill retail	<i>tobramycin-dexamethasone SUSP</i>	C	1 package(s) per 31 day(s) retail
<i>prednisolone acetate (ophth)</i>	C	QL(15 ml per 31 day(s) retail)	TRIAMCINOLONE/MOXIFLOXACIN HCL	NC	
PREDNISOLONE ACETATE P-F	C	QL(15 ml per 31 day(s) retail)	TRIMOXI+	NC	
PREDNISOLONE ACETATE/MOXIFLOXACIN	NC		TRIPLE PMB SOLR	NC	
PREDNISOLONE ACETATE/MOXIFLOXACIN/NEPAFENAC	NC		TRIPLE PMK SOLR	NC	
PREDNISOLONE ACETATE/NEPAFENAC	NC		ZYLET	NC	
PREDNISOLONE SODIUM PHOSPHATE	C	1 package(s) per 31 day(s) retail	Ophthalmic Surgical Aids		
PREDNISOLONE SODIUM PHOSPHATE/BROMFENAC SOLN	NC		AMVISC SOSY	NC	
PREDNISOLONE SODIUM PHOSPHATE/GATIFLOXACIN/BROMFENAC SOLN	NC		DUOVISC	NC	
PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	NC		GELFILM OP	NC	
PREDNISOLONE/BROMFENAC SUSP	NC		HEALON DUET PRO SOSY	NC	
PREDNISOLONE/GATIFLOXACIN/BROMFENAC SUSP	NC		HEALON GV PRO SOSY	NC	
PREDNISOLONE-GATIFLOXACIN SUSP	NC		HEALON PRO SOSY	NC	
<i>sulfacetamide sod-prednisolone SOLN</i>	C	QL(10 ml per 31 day(s) retail)	HEALON5 PRO SOSY	NC	
TOBRADEX ST SUSP	NC		PROVISC SOSY	NC	
			TOTALVISC SOSY	NC	
			VISCOAT SOSY	NC	
			Ophthalmics - Misc.		
			ACULAR (<i>Use ketorolac tromethamine (ophth)</i>)	NP	1 package(s) per 31 day(s) retail
			ACULAR LS (<i>Use ketorolac tromethamine (ophth)</i>)	NP	1 max fill(s) per 31 day(s) retail
			ACUVAIL	NP	
			ALOCRIAL	P	QL(5 ml per 31 day(s) retail)
			ALOMIDE	NC	QL(10 ml per 31 day(s) retail)
			ALOMIDE	P	QL(10 ml per 31 day(s) retail)
			<i>azelastine hcl (ophth)</i>	NP	QL(6 ml per 31 day(s) retail)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
AZOPT (Use brinzolamide)	P	1 package(s) per 31 day(s) retail	fluorescein w/ proparacaine	NC	
AZOPT (Use brinzolamide)	NC	1 package(s) per 31 day(s) retail	FLUOR-I-STRIPS A.T. STRP	NC	
bepotastine besilate	NP		FLURA-SAFE	NC	
BEPREVE (Use bepotastine besilate)	NP		flurbiprofen sodium	P	QL(5 ml per 31 day(s) retail)
BIO GLO STRP	NC		FUL-GLO STRP	NC	
brinzolamide	NP	1 package(s) per 31 day(s) retail	GLOSTRIPS STRP 1 MG	NC	
bromfenac sodium (ophth)	NP		GREEN GLO LISSAMINE GREENOPHTHALMIC STRIPS	NC	
bromfenac sodium (ophth)	NP		ILEVRO	NP	
bromfenac sodium (ophth) 0.09 %	NC		ketorolac tromethamine (ophth)	NC	
BROMSITE (Use bromfenac sodium (ophth))	NP		ketorolac tromethamine (ophth) 0.5 %	P	
BSS PLUS SOLN	NC		ketotifen fumarate (ophth) 0.035 %	NC	QL(10 ml per 31 day(s) retail)
BSS SOLN	NC		ketotifen fumarate (ophth) 0.035 %	P	QL(10 ml per 31 day(s) retail)
CHONDROITIN SULFATE	NC		MIEBO	NP	
cromolyn sodium (ophth)	NC	QL(10 ml per 31 day(s) retail)	NEVANAC	NC	
cromolyn sodium (ophth)	P	QL(10 ml per 31 day(s) retail)	NEVANAC	P	
CYSTADROPS	NC	SP	PAREMYD	NC	
diclofenac sodium (ophth)	P	QL(3 ml per 31 day(s) retail)	PROLENSA (Use bromfenac sodium (ophth))	NP	
dorzolamide hcl	NC	QL(10 ml per 31 day(s) retail)	TRUSOPT (Use dorzolamide hcl)	NC	QL(10 ml per 31 day(s) retail)
dorzolamide hcl	P	QL(10 ml per 31 day(s) retail)	ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	P	QL(10 ml per 31 day(s) retail)
DORZOLAMIDE HCL	NC	QL(10 ml per 31 day(s) retail)	Prostaglandins - Ophthalmic		
epinastine hcl (ophth)	NP		bimatoprost SOLN	NP	
fluorescein sodium topical STRP 1 MG	NC		IDOSE TR IMPL	NC	
FLUORESCEIN SODIUM/BENOXINATE HYDROCHLORIDE	NC		IYUZEH SOLN	NP	
fluorescein w/ benoxinate	NC		IYUZEH SOLN	NP	
			latanoprost SOLN	NC	
			latanoprost SOLN	P	

Drug Name	Drug Tier	Requirements/Limits
LATANOPROST SOLN	NC	
LUMIGAN SOLN 0.01 %	P	
TRAVATAN Z SOLN (<i>Use travoprost</i>)	P	
<i>travoprost SOLN</i>	NP	
VYZULTA	NP	
XALATAN SOLN (<i>Use latanoprost</i>)	NP	QL(5 ml per 31 day(s) retail)
XELPROS EMUL	NP	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
<i>acetic acid (otic)</i>	C	QL(15 ml per 31 day(s) retail)
<i>carbamide peroxide (otic) 6.5 %</i>	C	QL(15 ml per 31 day(s) retail)
DEBROX 6.5 % (<i>Use carbamide peroxide (otic)</i>)	NC	QL(15 ml per 31 day(s) retail)
Otic Anti-infectives		
CETRAXAL (<i>Use ciprofloxacin hcl (otic)</i>)	NC	
<i>ciprofloxacin hcl (otic)</i>	NP	
<i>ofloxacin (otic)</i>	NC	1 package(s) per fill retail
<i>ofloxacin (otic)</i>	P	1 package(s) per fill retail
OTIPRIO	NC	
Otic Combinations		
CIPRO HC	NP	
CIPRODEX (<i>Use ciprofloxacin-dexamethasone</i>)	P	QL(7.5 ml per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-dexamethasone</i>	P	QL(7.5 ml per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-fluocinolone acetonide</i>	NP	
CORTISPORIN-TC	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ml per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	1 package(s) per fill retail
OTOVEL	NC	
PRAMOTIC	NC	
Otic Steroids		
DERMOTIC (<i>Use fluocinolone acetonide (otic)</i>)	NC	1 package(s) per 31 day(s) retail
<i>fluocinolone acetonide (otic)</i>	C	1 package(s) per 31 day(s) retail
<i>hydrocortisone w/acetic acid</i>	C	QL(20 ml per 31 day(s) retail)
HYDROCORTISONE/ACETIC ACID (<i>Use hydrocortisone w/acetic acid</i>)	NC	QL(20 ml per 31 day(s) retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Abortifacients/Agents for Cervical Ripening		
<i>carboprost tromethamine SOLN</i>	NC	
CARBOPROST TROMETHAMINE SOSY	NC	
CERVIDIL INST	NC	
MPM PAK	NC	
PREPIDIL GEL	NC	
Oxytocics		
<i>methylergonovine maleate SOLN</i>	NC	
<i>methylergonovine maleate TABS</i>	C	
<i>oxytocin</i>	NC	

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
OXYTOCIN/LACTATED RINGERS 15 UNIT/250ML-775 MG/250ML-75 MG/250ML-1.5 GM/250ML-50 MG/250ML, 20 UNIT/L-3.1 GM/L-300 MG/L-6 GM/L-200 MG/L, 30 UNIT/500ML-1.55 GM/500ML-0.15 GM/500ML-3 GM/500ML-0.1 GM/500ML	NC		HYPERHEP B SOLN IM	NC	SP
OXYTOCIN/SODIUM CHLORIDE 15 UNIT/250ML-0.9 %, 20 UNIT/L-0.9 %, 30 UNIT/500ML-0.9 %	NC		HYPERHEP B SOSY 110 UNIT/0.5ML	NC	SP
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System			HYPERRHO S/D MINI-DOSE SOSY IM	NC	SP
Antitoxins-Antivenins			HYPERRHO S/D SOSY IM 1500 UNIT	C	SP
ANASCORP	NC		HYPERTET SOSY	NC	PA
ANAVIP	NC		MICRHOGAM ULTRA-FILTEREDPLUS SOSY IM	NC	SP
ANTIVENIN LATRODECTUS MACTANS	NC		NABI-HB SOLN IM	NC	SP
ANTIVENIN NORTH AMERICANCORAL SNAKE	NC		OCTAGAM SOLN 30 GM/300ML	C	SP; PA
CROFAB	NC		RHOGAM ULTRA-FILTERED PLUS SOSY IM	C	SP
Immune Serums			RHOPHYLAC SOSY IJ	NC	SP
ALYGLO	NC		VARIZIG SOLN	NC	
GAMMAGARD LIQUID	C	SP; PA	WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML	NC	SP
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	C	SP; PA	XEMBIFY	C	SP; PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA	Monoclonal Antibodies		
GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	C	SP; PA	BEBTELOVIMAB	NC	
			EVUSHELD	NC	
			SYNAGIS SOLN	C	SP; PA
			PENICILLINS - Drugs to Treat Bacterial Infections		
			Aminopenicillins		
			<i>amoxicillin CAPS</i>	C	
			<i>amoxicillin CHEW 125 MG, 250 MG</i>	C	
			<i>amoxicillin SUSR</i>	C	
			AMOXICILLIN SUSR (Use <i>amoxicillin</i>)	NC	
			<i>amoxicillin TABS 875 MG</i>	C	
			<i>amoxicillin TABS 500 MG</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
<i>ampicillin sodium IJ 1 GM, 2 GM, 125 MG, 250 MG, 500 MG</i>	NC	
<i>ampicillin CAPS 500 MG</i>	C	
Natural Penicillins		
BICILLIN L-A SUSY	NC	
<i>penicillin g potassium</i>	NC	
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	NC	
PENICILLIN G PROCAINE	NC	
<i>penicillin g sodium</i>	NC	
<i>penicillin v potassium SOLR</i>	C	
<i>penicillin v potassium TABS</i>	C	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW</i>	C	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML</i>	C	1 package(s) per fill retail
<i>amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML</i>	C	2 package(s) per fill retail
<i>amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG</i>	C	QL(30 ea per fill retail)
<i>amoxicillin & pot clavulanate TABS 125 MG-875 MG</i>	C	QL(20 ea per fill retail)
<i>amoxicillin & pot clavulanate TB12</i>	C	QL(40 ea per 31 day(s) retail)
<i>ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	NC	

Drug Name	Drug Tier	Requirements/Limits
AUGMENTIN ES-600 SUSR (<i>Use amoxicillin & pot clavulanate</i>)	NC	2 package(s) per fill retail
AUGMENTIN SUSR 31.25 MG/5ML-125 MG/5ML	C	1 package(s) per fill retail
AUGMENTIN TABS 125 MG-500 MG (<i>Use amoxicillin & pot clavulanate</i>)	NC	QL(30 ea per fill retail)
BICILLIN C-R 300000 UNIT/2ML-900000 UNIT/2ML, 300000 UNIT/ML-300000 UNIT/ML	NC	
<i>piperacillin sodium-tazobactam sodium</i>	NC	
ZOSYN	NC	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	C	
NAFCILLIN	NC	
<i>nafcillin sodium IJ 1 GM, 2 GM</i>	NC	
<i>oxacillin sodium IJ 1 GM, 2 GM</i>	NC	
OXACILLIN SODIUM	NC	
PHARMACEUTICAL ADJUVANTS		
Internal Vehicle Ingredients/Agents		
SIMPLYTHICK	C	AL(At least 1 yrs old)
SIMPLYTHICK EASY MIX	C	AL(At least 1 yrs old)
SIMPLYTHICK EASYMIX	C	AL(At least 1 yrs old)
Liquid Vehicles		
DILUENT FOR JEVTANA	NC	
Pharmaceutical Excipients		
GALEN IQ 900	NC	
Semi Solid Vehicles		
BASE D POLYETHYLENE GLYCOL 4600	NC	

Drug Name	Drug Tier	Requirements/Limits
CREAM BASE NIOSOMES	NC	
CREAM-HEAVY BASE NIOSOME	NC	
HORMONE CREAM BASE NIOSOMES	NC	
HORMONE CREAM-HEAVY BASE NIOSOMES	NC	
<i>lanolin XX</i>	C	
LANOLIN XX	C	
VERSAPENN (AL) ANHYDROUS LIPID BASE GEL	NC	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (<i>Use norethindrone acetate</i>)	NC	
EC-RX PROGESTERONE 10% CREA	NC	
EC-RX PROGESTERONE 20% CREA	NC	
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	C	
<i>megestrol acetate (appetite)</i>	NC	
<i>megestrol acetate (appetite)</i>	NP	
<i>norethindrone acetate TABS</i>	C	
PROGESTERONE 10% KIT CREA	NC	
<i>progesterone CAPS</i>	C	QL(1 ea daily)
<i>progesterone OIL</i>	NC	
PROMETRIUM CAPS (<i>Use progesterone</i>)	NC	QL(1 ea daily)
PROVERA (<i>Use medroxyprogesterone acetate</i>)	NC	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL

Drug Name	Drug Tier	Requirements/Limits
AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	NC	
<i>disulfiram 500 MG</i>	NC	
<i>disulfiram 250 MG</i>	C	
LUCEMYRA	NC	
Anti-Cataplectic Agents		
XYWAV	NC	SP
Antidementia Agents		
ADLARITY PTWK	NP	
ADLARITY PTWK	NP	
ADUHELM	NC	SP
ARICEPT TABS 23 MG (<i>Use donepezil hydrochloride</i>)	NP	
ARICEPT TABS 5 MG, 10 MG (<i>Use donepezil hydrochloride</i>)	NP	QL(1 ea daily)
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	P	QL(1 ea daily)
<i>donepezil hydrochloride TABS 5 MG, 10 MG</i>	NC	QL(1 ea daily)
<i>donepezil hydrochloride TABS 23 MG</i>	NP	
<i>donepezil hydrochloride TBDP</i>	P	
<i>donepezil hydrochloride TBDP</i>	NC	
EXELON 13.3 MG/24HR (<i>Use rivastigmine</i>)	P	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (<i>Use rivastigmine</i>)	P	QL(1 ea daily)
<i>galantamine hydrobromide CP24</i>	NC	QL(1 ea daily)
<i>galantamine hydrobromide CP24</i>	NP	QL(1 ea daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>galantamine hydrobromide SOLN</i>	NP	QL(6 ml daily)	<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	QL(1 ea daily)
<i>galantamine hydrobromide TABS 4 MG, 12 MG</i>	NP		<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NC	QL(1 ea daily)
<i>galantamine hydrobromide TABS 4 MG, 12 MG</i>	NC		<i>rivastigmine 13.3 MG/24HR</i>	NP	
<i>galantamine hydrobromide TABS</i>	NP	QL(2 ea daily)	<i>rivastigmine tartrate CAPS</i>	P	QL(2 ea daily)
<i>galantamine hydrobromide TABS 8 MG</i>	NC	QL(2 ea daily)	<i>rivastigmine tartrate CAPS</i>	NC	QL(2 ea daily)
<i>memantine hcl CP24</i>	NC		Combination Psychotherapeutics		
<i>memantine hcl CP24</i>	NP		<i>chlordiazepoxide-amitriptyline</i>	NC	
<i>memantine hcl SOLN 10 MG/5ML</i>	NC	QL(10 ml daily)	DULOXICAINE	NC	
<i>memantine hcl SOLN 2 MG/ML</i>	P	QL(10 ml daily)	LYBALVI	NP	
<i>memantine hcl TABS 10 MG</i>	P		LYBALVI	NP	
<i>memantine hcl TABS 5 MG</i>	P	QL(2 ea daily)	<i>olanzapine-fluoxetine hcl</i>	NP	
<i>memantine hcl TABS</i>	NP		<i>olanzapine-fluoxetine hcl</i>	NP	
NAMENDA TITRATION PAK TABS (Use <i>memantine hcl</i>)	NP	Titration pack	<i>perphenazine-amitriptyline</i>	C	QL(4 ea daily)
NAMENDA XR CP24 (Use <i>memantine hcl</i>)	NP		SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use <i>olanzapine-fluoxetine hcl</i>)	NP	
NAMENDA TABS 5 MG (Use <i>memantine hcl</i>)	NC	QL(2 ea daily)	Fibromyalgia Agents		
NAMENDA TABS 10 MG (Use <i>memantine hcl</i>)	NP		SAVELLA TITRATION PACK MISC	NP	QL(55 ea per 365 day(s) retail)
NAMENDA TABS 10 MG (Use <i>memantine hcl</i>)	NP	QL(2 ea daily)	SAVELLA TABS	NP	QL(2 ea daily)
NAMZARIC C4PK	NP		Metachromatic Leukodystrophy (MLD) Agents		
NAMZARIC CP24	NP		LENMELDY	NC	
RAZADYNE ER CP24 (Use <i>galantamine hydrobromide</i>)	NC	QL(1 ea daily)	Movement Disorder Drug Therapy		
<i>rivastigmine 13.3 MG/24HR</i>	NC		AUSTEDO PATIENT TITRATION KIT TBPk	NC	
			AUSTEDO XR TB24 30 MG, 36 MG, 42 MG, 48 MG	P	
			AUSTEDO TABS	P	SP
			<i>tetrabenazine</i>	P	SP
			<i>tetrabenazine 12.5 MG</i>	NC	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XENAZINE (Use tetrabenazine)	NP	SP	REBIF REBIDOSE TITRATIONPACK SOAJ	NP	SP
Multiple Sclerosis Agents			REBIF REBIDOSE SOAJ	NP	SP
AUBAGIO (Use teriflunomide)	NC		REBIF REBIDOSE SOAJ	NP	
AUBAGIO (Use teriflunomide)	NP		REBIF TITRATION PACK SOSY	NP	SP
AVONEX PEN AJKT	NC	SP	REBIF SOSY	NP	SP
AVONEX PEN AJKT	P	SP	REBIF SOSY	NP	
AVONEX PSKT	P	SP	TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	NP	SP
BAFIERTAM	NP	SP	TECFIDERA CPDR (Use dimethyl fumarate)	NP	SP
BETASERON KIT	P	SP	teriflunomide	NP	
COPAXONE SOSY 20 MG/ML (Use glatiramer acetate)	P		VUMERITY	NP	SP
COPAXONE SOSY 40 MG/ML (Use glatiramer acetate)	NP		Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
dimethyl fumarate CDPK	P	SP	CONVENIENCE PAK	NC	
dimethyl fumarate CPDR 240 MG	NC	SP	gabapentin (once-daily) TABS	NP	
dimethyl fumarate CPDR	PA	SP; PA	GRALISE MISC	NP	
EXTAVIA KIT	NP	SP	GRALISE TABS	NP	
fingolimod hcl	NP		GRALISE TABS (Use gabapentin (once-daily))	NP	
GILENYA (Use fingolimod hcl)	NP	QL(1 ea daily); SP	pregabalin (once-daily)	NP	
GILENYA 0.25 MG	NP	SP	Premenstrual Dysphoric Disorder (PMDD) Agents		
GILENYA 0.5 MG	NP		fluoxetine hcl (pmdd) TABS	NC	
glatiramer acetate SOSY	NP		fluoxetine hcl (pmdd) TABS	P	
KESIMPTA	NP	SP	Pseudobulbar Affect (PBA) Agents		
MAYZENT TABS 2 MG	NP		NUEDEXTA	NC	
PLEGRIDY STARTER PACK SOPN	NP	SP	Psychotherapeutic and Neurological Agents - Misc.		
PLEGRIDY STARTER PACK SOSY SC	NP	SP	ergoloid mesylates TABS	NC	
PLEGRIDY SOPN	NP	SP	pimozide	NC	
PLEGRIDY SOPN	NP		Restless Leg Syndrome (RLS) Agents		
PLEGRIDY SOSY IM	NP				
PLEGRIDY SOSY SC	NP	SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HORIZANT	NP		<i>nicotine polacrilex GUM</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(24 ea daily)
Smoking Deterrents			<i>nicotine polacrilex GUM</i>	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(24 ea daily)
APO-VARENICLINE TABS 0.5 MG	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)	<i>nicotine polacrilex LOZG</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)
APO-VARENICLINE TABS 1 MG	NC	QL(2 ea daily; 56 ea per fill retail)	<i>nicotine polacrilex LOZG</i>	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)
<i>bupropion hcl (smoking deterrent)</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)	NICOTINE TRANSDERMAL SYSTEM KIT	P	Limit: 2 Smoking Cessation Treatments per Year; QL(56 ea per fill retail); 2 max fill(s) per 365 day(s) retail
NICODERM CQ PT24 TD (Use nicotine)	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(1 ea daily)	<i>nicotine MISC XX</i>	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(1 ea daily)
NICORETTE MINI LOZG (Use nicotine polacrilex)	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)	<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(1 ea daily)
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(24 ea daily)			
NICORETTE GUM (Use nicotine polacrilex)	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(24 ea daily)			
NICORETTE LOZG (Use nicotine polacrilex)	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(20 ea daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR</i>	P	Limit: 2 Smoking Cessation Treatments per Year; QL(1 ea daily)	<i>varenicline tartrate TBPK</i>	NP	Limit: 2 Smoking Cessation Treatments per Year; QL(53 ea per fill retail); 2 max fill(s) per 365 day(s) retail
NICOTROL INHALER INHA	P	Limit: 2 Smoking Cessation Treatments per Year; QL(16.8 ea daily); SL	Transthyretin Amyloidosis Agents		
NICOTROL NS SOLN	P	Limit: 2 Smoking Cessation Treatments per Year; QL(4 ml daily); SL	TEGSEDI	NC	SP
<i>varenicline tartrate TABS 1 MG</i>	NC	QL(2 ea daily; 56 ea per fill retail)	Vasomotor Symptom Agents		
<i>varenicline tartrate TABS 0.5 MG</i>	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)	<i>paroxetine mesylate (vasomotor)</i>	NP	
<i>varenicline tartrate TABS 0.5 MG</i>	NP	Limit: 2 Smoking Cessation Treatments per Year; QL(2 ea daily)	RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
<i>varenicline tartrate TABS 1 MG</i>	NP	QL(2 ea daily; 56 ea per fill retail)	Alpha-Proteinase Inhibitor (Human)		
<i>varenicline tartrate TBPK</i>	NC	Limit: 2 Smoking Cessation Treatments per Year; QL(53 ea per fill retail); 2 max fill(s) per 365 day(s) retail	ZEMAIRA SOLR 4000 MG, 5000 MG	NC	
			Cystic Fibrosis Agents		
			BRONCHITOL	NC	SP
			BRONCHITOL TOLERANCE TEST	NC	SP
			ORKAMBI PACK	C	SP; PA
			ORKAMBI TABS	C	SP; PA
			SYMDEKO	C	SP; PA
			TRIKAFTA TBPK	C	QL(3 ea daily); SP; PA
			Pleural Sclerosing Agents		
			SCLEROSOL INTRAPLEURAL AERP	NC	
			STERILE TALC POWDER SUSR	NC	
			STERITALC POWD	NC	
			Pulmonary Fibrosis Agents		
			ESBRIET CAPS (<i>Use pirfenidone</i>)	NC	SP; PA
			ESBRIET TABS (<i>Use pirfenidone</i>)	NC	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OFEV	C	SP; PA	DORYX MPC TBEC	NP	
<i>pirfenidone CAPS</i>	C	SP; PA	DORYX TBEC 50 MG, 80 MG, 200 MG (<i>Use doxycycline hyclate</i>)	NP	
<i>pirfenidone TABS</i>	C	SP; PA	DORYX TBEC 50 MG, 80 MG, 200 MG (<i>Use doxycycline hyclate</i>)	NP	
Respiratory Agents - Misc.			<i>doxycycline (monohydrate) CAPS</i>	NP	
CUROSURF TR 120 MG/1.5ML, 240 MG/3ML	NC		<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	NC	
INFASURF TR	NC		<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	NC	
SURVANTA INTRATRACHEAL	NC		<i>doxycycline (monohydrate) CAPS</i>	NP	
SULFONAMIDES - Drugs to Treat Bacterial Infections			<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	NP	
Sulfonamides			<i>doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG</i>	NP	
<i>sulfadiazine TABS</i>	NC		<i>doxycycline (monohydrate) CAPS</i>	NP	
TETRACYCLINES - Drugs to Treat Bacterial Infections			<i>doxycycline (monohydrate) SUSR</i>	NP	
Aminomethylcyclines			<i>doxycycline (monohydrate) TABS</i>	NP	
NUZYRA SOLR	NC		<i>doxycycline (monohydrate) TABS</i>	NP	
NUZYRA TABS	NP		<i>doxycycline (monohydrate) TABS 75 MG, 100 MG, 150 MG</i>	NC	
NUZYRA TABS	NP		<i>doxycycline hyclate CAPS</i>	NC	
Fluorocyclines			<i>doxycycline hyclate CAPS</i>	NC	
XERAFA	NC		<i>doxycycline hyclate CAPS</i>	P	
Glycylcyclines			<i>doxycycline hyclate CAPS</i>	P	
<i>tigecycline</i>	NC		<i>doxycycline hyclate CAPS</i>	NC	
TIGECYCLINE	NC		<i>doxycycline hyclate SOLR</i>	NC	
Tetracycline Combinations			<i>doxycycline hyclate TABS 20 MG, 50 MG, 100 MG</i>	NC	
AVIDOXY DK	NC		<i>doxycycline hyclate TABS</i>	P	
BENZODOX 30 KIT	NC		<i>doxycycline hyclate TBEC 150 MG</i>	NC	
BENZODOX 60 KIT	NC		<i>doxycycline hyclate TBEC</i>	NP	
Tetracyclines			<i>doxycycline hyclate TBEC</i>	NP	
ACTICLATE TABS (<i>Use doxycycline hyclate</i>)	NC		MINOCIN SOLR	NC	
<i>demeclocycline hcl TABS</i>	NP		<i>minocycline hcl CAPS</i>	P	
<i>demeclocycline hcl TABS</i>	NC		<i>minocycline hcl CAPS</i>	NC	
DORYX MPC TBEC	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl CP24</i>	NC		CYTOMEL TABS (<i>Use liothyronine sodium</i>)	NC	
<i>minocycline hcl TABS</i>	P		ERMEZA SOLN OR	NC	
<i>minocycline hcl TABS</i>	NC		<i>levothyroxine sodium CAPS</i>	NC	
<i>minocycline hcl TB24</i>	NP		LEVOTHYROXINE SODIUM SOLN IV	NC	
<i>minocycline hcl TB24 45 MG, 90 MG, 105 MG, 135 MG</i>	NC		LEVOTHYROXINE SODIUM SOLN IV	NC	
<i>minocycline hcl TB24</i>	NP		<i>levothyroxine sodium SOLR IV</i>	NC	
<i>minocycline hcl TB24 45 MG, 90 MG, 105 MG, 135 MG</i>	NC		LEVOTHYROXINE SODIUM SOLR IV (<i>Use levothyroxine sodium</i>)	NC	
MINOLIRA TB24	NP		<i>levothyroxine sodium TABS</i>	C	
SEYSARA	NC		<i>liothyronine sodium SOLN</i>	NC	
SOLODYN TB24 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (<i>Use minocycline hcl</i>)	NP		<i>liothyronine sodium TABS</i>	C	
<i>tetracycline hcl CAPS</i>	P		NIVA THYROID TABS	C	
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NP		NP THYROID 120 TABS	C	
VIBRAMYCIN SUSR (<i>Use doxycycline (monohydrate)</i>)	NC		NP THYROID 15 TABS	C	
XIMINO CP24 (<i>Use minocycline hcl</i>)	NC		NP THYROID 30 TABS	C	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones			NP THYROID 60 TABS	C	
Antithyroid Agents			NP THYROID 90 TABS	C	
<i>methimazole TABS</i>	C		SYNTHROID TABS (<i>Use levothyroxine sodium</i>)	NC	
<i>propylthiouracil</i>	C		THYQUIDITY SOLN OR	NC	
SODIUM IODIDE I-131	NC		THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C	
Thyroid Hormones			TIROSINT CAPS	NC	
ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	C		TIROSINT CAPS	NC	
ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG	NC		TIROSINT-SOL SOLN OR	NC	
ARMOUR THYROID TABS	C		TRIOSTAT SOLN (<i>Use liothyronine sodium</i>)	NC	
			TOXOIDS		
			Toxoid Combinations		
			ADACEL SUSP	C	
			BOOSTRIX SUSP	C	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BOOSTRIX SUSY	C		<i>glycopyrrolate SOSY IJ</i>	NC	
DAPTACEL	C		GLYCOPYRROLATE SOSY IJ 0.6 MG/3ML, 1 MG/5ML	NC	
DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP	C		<i>glycopyrrolate TABS 1 MG, 2 MG</i>	C	QL(4 ea daily)
INFANRIX	C		GLYCOPYRROLATE TABS	NC	
KINRIX SUSY	C		GLYRX-PF SOLN IJ	NC	
PEDIARIX SUSY	C		GLYRX-PF SOSY IJ	NC	
PENTACEL	C		<i>hyoscyamine sulfate ELIX</i>	C	
QUADRACEL SUSP	C		<i>hyoscyamine sulfate SOLN OR 0.125 MG/ML</i>	C	
QUADRACEL SUSY	C		<i>hyoscyamine sulfate SOLN IJ 0.5 MG/ML</i>	NC	
TDVAX SUSP	C		<i>hyoscyamine sulfate SUBL 0.125 MG</i>	C	
TENIVAC INJ	C		<i>hyoscyamine sulfate TABS 0.125 MG</i>	C	
TETANUS/DIPHThERIA TOXOIDS-ADSORBED ADULT SUSP	C		<i>hyoscyamine sulfate TB12 0.375 MG</i>	C	QL(4 ea daily)
VAXELIS SUSP	C		LEVBIID TB12 (<i>Use hyoscyamine sulfate</i>)	NC	QL(4 ea daily)
VAXELIS SUSY	C		LEVSIN/SL SUBL (<i>Use hyoscyamine sulfate</i>)	NC	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions			LEVSIN SOLN IJ 0.5 MG/ML (<i>Use hyoscyamine sulfate</i>)	NC	
Antispasmodics			LEVSIN TABS (<i>Use hyoscyamine sulfate</i>)	NC	
ATROPEN SOAJ	NC		<i>methscopolamine bromide</i>	NC	
<i>atropine sulfate SOLN IV 0.4 MG/ML, 1 MG/ML</i>	NC		ROBINUL FORTE TABS (<i>Use glycopyrrolate</i>)	NC	QL(4 ea daily)
<i>atropine sulfate SOSY IJ</i>	NC		ROBINUL TABS (<i>Use glycopyrrolate</i>)	NC	QL(4 ea daily)
ATROPINE SULFATE SOSY IJ	NC		H-2 Antagonists		
BELLADONNA/OPIUM	NC		<i>cimetidine hcl OR 300 MG/5ML</i>	NC	
<i>chlordiazepoxide hcl-clidinium bromide</i>	NC		<i>cimetidine hcl OR 300 MG/5ML</i>	NP	
DARTISLA ODT TBDP	NC				
<i>dicyclomine hcl CAPS</i>	C				
<i>dicyclomine hcl SOLN IM</i>	NC				
<i>dicyclomine hcl SOLN OR</i>	C	QL(496 ml per 31 day(s) retail)			
<i>dicyclomine hcl TABS</i>	C				
GLYCATE TABS	NC				
<i>glycopyrrolate SOLN IJ</i>	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cimetidine TABS 200 MG, 400 MG</i>	NC	RX/OTC	ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	NP	
<i>cimetidine TABS</i>	NP	RX/OTC	ACIPHEX TBEC (<i>Use rabeprazole sodium</i>)	NC	
<i>cimetidine TABS 200 MG, 400 MG</i>	NC		DEXILANT (<i>Use dexlansoprazole</i>)	P	
<i>cimetidine TABS</i>	NP		<i>dexlansoprazole</i>	NP	
<i>famotidine in nacl SOLN</i>	NC		<i>esomeprazole magnesium CPDR</i>	NP	RX/OTC
<i>famotidine SOLN 20 MG/2ML, 40 MG/4ML, 200 MG/20ML</i>	NC		<i>esomeprazole magnesium CPDR 20 MG</i>	NC	QL(2 ea daily); RX/OTC
<i>famotidine SUSR</i>	NC		<i>esomeprazole magnesium CPDR 20 MG</i>	P	QL(2 ea daily); RX/OTC
<i>famotidine SUSR</i>	P		<i>esomeprazole magnesium CPDR</i>	NC	
<i>famotidine TABS 20 MG, 40 MG</i>	P		<i>esomeprazole magnesium CPDR</i>	NP	
<i>famotidine TABS 20 MG, 40 MG</i>	NC	RX/OTC	<i>esomeprazole magnesium CPDR</i>	NP	
<i>famotidine TABS 10 MG</i>	C		<i>esomeprazole magnesium PACK</i>	NP	
<i>nizatidine CAPS</i>	NP		<i>esomeprazole magnesium PACK</i>	NP	
PEPCID AC MAXIMUM STRENGTH TABS (<i>Use famotidine</i>)	NC	RX/OTC	<i>esomeprazole sodium 40 MG</i>	NC	
PEPCID AC TABS (<i>Use famotidine</i>)	NC	RX/OTC	FIRST PANTOPRAZOLE SUSP	NC	
PEPCID AC TABS (<i>Use famotidine</i>)	NC		FIRST-LANSOPRAZOLE SUSP	NC	
PEPCID TABS (<i>Use famotidine</i>)	NP	RX/OTC	FIRST-OMEPRAZOLE SUSP	C	QL(10 ml daily); AL(Up to 12 yrs old)
TAGAMET HB 200 TABS (<i>Use cimetidine</i>)	NC	RX/OTC	<i>lansoprazole CPDR 15 MG</i>	NC	QL(4 ea daily); RX/OTC
TAGAMET HB TABS (<i>Use cimetidine</i>)	NC	RX/OTC	<i>lansoprazole CPDR</i>	NP	
Misc. Anti-Ulcer			<i>lansoprazole CPDR</i>	NC	RX/OTC
CARAFATE SUSP (<i>Use sucralfate</i>)	NC	QL(420 ml per fill retail)	<i>lansoprazole CPDR</i>	NC	
CARAFATE TABS (<i>Use sucralfate</i>)	NC	QL(4 ea daily)	<i>lansoprazole CPDR 15 MG</i>	NP	QL(4 ea daily); RX/OTC
<i>sucralfate SUSP</i>	C	QL(420 ml per fill retail)	<i>lansoprazole CPDR 15 MG</i>	P	QL(4 ea daily); RX/OTC
<i>sucralfate TABS</i>	C	QL(4 ea daily)	Proton Pump Inhibitors		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium)	P	QL(2 ea daily); RX/OTC	PROTONIX TBEC 40 MG (Use pantoprazole sodium)	NP	QL(2 ea daily)
NEXIUM 24HR CPDR (Use esomeprazole magnesium)	P	QL(2 ea daily); RX/OTC	RABEPRAZOLE SODIUM DR SPRINKLE CPSP	NC	
NEXIUM CPDR (Use esomeprazole magnesium)	NP		<i>rabeprazole sodium TBEC</i>	NP	
NEXIUM PACK (Use esomeprazole magnesium)	P		<i>rabeprazole sodium TBEC</i>	NC	
NEXIUM PACK	P		<i>rabeprazole sodium TBEC</i>	NP	
OMEPRAZOLE + SYRSPEND SFALKA SUSP	C	QL(10 ml daily); AL(Up to 12 yrs old)	VOQUEZNA	NC	
<i>omeprazole magnesium TBEC</i>	C	QL(1 ea daily)	Ulcer Drugs - Prostaglandins		
<i>omeprazole CPDR</i>	P	QL(2 ea daily)	CYTOTEC (Use misoprostol)	NC	
<i>omeprazole CPDR</i>	NC	QL(2 ea daily)	<i>misoprostol</i>	C	
<i>omeprazole TBEC</i>	C	QL(1 ea daily)	Ulcer Therapy Combinations		
<i>pantoprazole sodium PACK</i>	NP		<i>amoxicillin-clarithromycin w/ lansoprazole THPK</i>	C	14 day(s) max supply per 365 day(s) retail
<i>pantoprazole sodium SOLR</i>	NC		<i>bismuth subcitrate potassium-metronidazole-tetracycline</i>	NC	
<i>pantoprazole sodium TBEC</i>	P		KONVOMEPEP SUSR	NP	
<i>pantoprazole sodium TBEC</i>	NC		KONVOMEPEP SUSR	NP	
PREVACID CPDR 30 MG (Use lansoprazole)	NP		OMECLAMOXP-PAK	NC	
PRILOSEC OTC TBEC (Use omeprazole magnesium)	NC	QL(1 ea daily)	<i>omeprazole-sodium bicarbonate CAPS</i>	NC	
PRILOSEC PACK	NP		<i>omeprazole-sodium bicarbonate CAPS</i>	NP	
PROTONIX PACK (Use pantoprazole sodium)	P		<i>omeprazole-sodium bicarbonate PACK</i>	NP	
PROTONIX TBEC 20 MG (Use pantoprazole sodium)	NP	QL(1 ea daily)	VOQUEZNA DUAL PAK	NC	
			VOQUEZNA TRIPLE PAK	NC	
			ZEGERID CAPS (Use omeprazole-sodium bicarbonate)	NP	
			ZEGERID PACK (Use omeprazole-sodium bicarbonate)	NP	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms					
Urinary Antispasmodic - Antimuscarinics					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
(Anticholinergic)			<i>trospium chloride CP24</i>	NP	
<i>darifenacin hydrobromide</i>	NP		<i>trospium chloride TABS</i>	NP	
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NP		VESICARE LS SUSP	NP	
DETROL LA CP24 (<i>Use tolterodine tartrate</i>)	NP	QL(1 ea daily)	VESICARE TABS (<i>Use solifenacin succinate</i>)	NP	
DETROL TABS (<i>Use tolterodine tartrate</i>)	NP	QL(2 ea daily)	VESICARE TABS 10 MG (<i>Use solifenacin succinate</i>)	NC	
DETROL TABS 1 MG (<i>Use tolterodine tartrate</i>)	NP		Urinary Antispasmodics - Beta-3 Adrenergic Agonists		
DITROPAN XL TB24 5 MG (<i>Use oxybutynin chloride</i>)	NP	QL(2 ea daily)	GEMTESA	NP	
DITROPAN XL TB24 10 MG (<i>Use oxybutynin chloride</i>)	NC	QL(2 ea daily)	GEMTESA	NP	
<i>fesoterodine fumarate</i>	NP		<i>mirabegron TB24</i>	NP	
GELNIQUE GEL 10 %	NP		MYRBETRIQ SRER	NP	
GELNIQUE GEL 10 %	NP		MYRBETRIQ TB24 (<i>Use mirabegron</i>)	NP	
<i>oxybutynin chloride SOLN</i>	P		MYRBETRIQ TB24 (<i>Use mirabegron</i>)	NP	
<i>oxybutynin chloride TABS 5 MG</i>	P	QL(3 ea daily)	MYRBETRIQ TB24	NP	
<i>oxybutynin chloride TABS 2.5 MG</i>	P		Urinary Antispasmodics - Cholinergic Agonists		
<i>oxybutynin chloride TABS 5 MG</i>	NC	QL(3 ea daily)	<i>bethanechol chloride</i>	C	
<i>oxybutynin chloride TB24</i>	P	QL(2 ea daily)	Urinary Antispasmodics - Direct Muscle Relaxants		
<i>oxybutynin chloride TB24</i>	NC	QL(2 ea daily)	<i>flavoxate hcl</i>	NC	
OXYTROL FOR WOMEN PTTW	NC	RX/OTC	<i>flavoxate hcl</i>	NP	
OXYTROL PTTW	NP	RX/OTC	VACCINES		
<i>solifenacin succinate TABS</i>	P		Bacterial Vaccines		
<i>solifenacin succinate TABS</i>	NC		ACTHIB SOLR IM	C	
<i>tolterodine tartrate CP24</i>	NP		BCG VACCINE	C	
<i>tolterodine tartrate TABS</i>	NP		BEXSERO	C	
<i>tolterodine tartrate TABS</i>	NC		BIOTHRAX	C	
TOVIAZ (<i>Use fesoterodine fumarate</i>)	P		CAPVAXIVE SOSY IM 0.5 ML	NC	
			HIBERIX SOLR IJ	C	
			MENACTRA	C	
			MENQUADFI	C	
			MENVEO SOLN	C	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MENVEO SOLR	C		HEPLISAV-B SOSY	C	3 max fill(s) per 999 day(s) retail
PEDVAX HIB SUSP	C		IMOVAX RABIES (H.D.C.V.) SUSR	C	
PENBRAYA	C		IPOL INACTIVATED IPV	C	
PNEUMOVAX 23	C		IXCHIQ	NC	
PNEUMOVAX 23/1 DOSE	C		IXIARO	C	
PREVNAR 13	C		JANSSEN COVID-19 VACCINE	C	
PREVNAR 20	C		JYNNEOS	C	
TRUMENBA	C		M-M-R II SOLR	C	
TYPHIM VI SOLN	C		MODERNA COVID-19 VACCINE,BIVALENT ORIGINAL AND OMICRON	C	
TYPHIM VI SOSY	C		MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP	C	
VAXCHORA	C		MODERNA COVID-19 VACCINE/BIVALENT/6M O-5Y	C	
VAXNEUVANCE	C		MODERNA COVID-19 VACCINE/BIVALENT/BA.4/BA.5	C	
VIVOTIF	C		MODERNA COVID-19 VACCINE6MO-5Y SUSP	C	
Viral Vaccines			MODERNA COVID-19 VACCINE SUSP	C	
ABRYSVO	C	AL(At least 60 yrs old)	MRESVIA SUSY IM 50 MCG/0.5ML	NC	
ACAM2000	C		NOVAVAX COVID-19 VACCINE	C	
AREXVY	C	AL(At least 60 yrs old)	NOVAVAX COVID-19 VACCINE/2023-24	C	
COMIRNATY 2023-24 SUSP	C		PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP	C	
COMIRNATY 2023-24 SUSY	C		PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	C	
COMIRNATY SUSP	C				
DENGVAXIA	C				
ENGERIX-B SUSP 20 MCG/ML	C	3 max fill(s) per 999 day(s) retail			
ENGERIX-B SUSY	C	3 max fill(s) per 999 day(s) retail			
GARDASIL 9 SUSP	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)			
GARDASIL 9 SUSY	C	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)			
HAVRIX	C				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	C		SHINGRIX	C	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	C		SPIKEVAX COVID-19 VACCINE/2023-24 SUSP	C	
PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	C		SPIKEVAX COVID-19 VACCINE/2023-24 SUSY	C	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	C		SPIKEVAX COVID-19 VACCINE SUSP	C	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y	C		STAMARIL SUSR	C	
PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5	C		TICOVAC	C	
PFIZER-BIONTECH COVID-19VACCINE SUSP	C		TWINRIX SUSY	C	
PREHEVBRIO	C	3 max fill(s) per 999 day(s) retail	VAQTA	C	
PRIORIX SUSR	C		VARIVAX INJ	C	2 max fill(s) per 999 day(s) retail
PROQUAD SUSR	C		YF-VAX INJ	C	
RABAVERT	C		VAGINAL AND RELATED PRODUCTS		
RECOMBIVAX HB SUSP	C	3 max fill(s) per 999 day(s) retail	Miscellaneous Vaginal Products		
RECOMBIVAX HB SUSY	C	3 max fill(s) per 999 day(s) retail	FEM PH	NC	
ROTARIX SUSP	C		Spermicides		
ROTARIX SUSR	C		VCF VAGINAL CONTRACEPTIVE FILM FILM	C	1 package(s) per fill retail
ROTATEQ SOLN	C		Vaginal Anti-infectives		
SANOFI COVID-19 VACCINE/ANTIGEN COMPONENT	NC		CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NC	
			CLEOCIN SUPP	NC	
			<i>clindamycin phosphate vaginal CREA</i>	C	
			CLINDESSE	NC	
			<i>clotrimazole vaginal CREA 1 %</i>	C	QL(45 gm per 31 day(s) retail)
			<i>clotrimazole vaginal CREA 2 %</i>	C	QL(21 gm per 31 day(s) retail)
			GYNAZOLE-1	C	
			<i>metronidazole vaginal</i>	C	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>miconazole nitrate vaginal CREA 2 %</i>	C	QL(45 gm per 31 day(s) retail)	ESTRACE CREA (<i>Use estradiol vaginal</i>)	NC	QL(43 gm per 31 day(s) retail)
<i>miconazole nitrate vaginal CREA 4 %</i>	C	QL(25 gm per 31 day(s) retail)	<i>estradiol vaginal CREA</i>	C	QL(43 gm per 31 day(s) retail)
<i>miconazole nitrate vaginal KIT</i>	C	1 package(s) per fill retail	<i>estradiol vaginal TABS</i>	C	
<i>miconazole nitrate vaginal SUPP 200 MG</i>	C	QL(3 ea per fill retail; 3 ea per 31 day(s) retail)	ESTRING RING	NC	
<i>miconazole nitrate vaginal SUPP 100 MG</i>	C	QL(7 ea per 31 day(s) retail)	FEMRING	NC	
MONISTAT 3 COMBINATION PACK KIT (<i>Use miconazole nitrate vaginal</i>)	NC	1 package(s) per fill retail	IMVEXXY MAINTENANCE PACK INST	NC	
MONISTAT 3 CREA (<i>Use miconazole nitrate vaginal</i>)	NC	QL(25 gm per 31 day(s) retail)	PREMARIN	C	
MONISTAT 7 SIMPLY CURE CREA (<i>Use miconazole nitrate vaginal</i>)	NC	QL(45 gm per 31 day(s) retail)	VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NC	
NUVESSA	NC		Vaginal Progestins		
<i>terconazole vaginal CREA</i>	C		CRINONE GEL	NC	
<i>terconazole vaginal SUPP</i>	C		FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	NC	
<i>tioconazole vaginal 6.5 %</i>	C		FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	NC	
VANDAZOLE	C		VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
XACIATO GEL	NC		Anaphylaxis Therapy Agents		
Vaginal Anti-inflammatory Agents			AUVI-Q SOAJ	NP	
<i>hydrocortisone acetate vaginal</i>	NC		AUVI-Q SOAJ	NP	
<i>hydrocortisone vaginal</i>	C	1 package(s) per fill retail	<i>epinephrine (anaphylaxis) SOAJ</i>	NP	QL(0.067 ea daily; 4 ea per 365 day(s) retail)
MONISTAT CARE INSTANT ITCH RELIEF MAXIMUM STRENGTH (<i>Use hydrocortisone vaginal</i>)	NC	1 package(s) per fill retail	<i>epinephrine (anaphylaxis) SOAJ</i>	P	QL(0.067 ea daily; 4 ea per 365 day(s) retail)
Vaginal Contraceptive - pH Modulators			<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP	
PHEXXI	NC		<i>epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML</i>	NP	
Vaginal Estrogens			<i>epinephrine (anaphylaxis) SOLN</i>	NC	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EPINEPHRINE PROFESSIONAL KIT	NC		EPINEPHRINE/SODIUM CHLORIDE SOLN 2 MG/250ML-0.9 %, 4 MG/250ML-0.9 %, 8 MG/250ML-0.9 %	NC	
EPINEPHRINESNAP-EMS KIT	NC		EPINEPHRINE/SODIUM CHLORIDE SOSY	NC	
EPINEPHRINESNAP KIT	NC		EPINEPHRINE SOLN IJ	NC	
EPINEPHRINESNAP-V KIT	NC		<i>epinephrine SOSY IJ</i>	NC	
EPIPEN 2-PAK SOAJ (Use <i>epinephrine</i> (anaphylaxis))	P		EPINEPHRINE SOSY IJ 0.2 MG/0.2ML, 1 MG/10ML, 1 MG/ML	NC	
EPISNAP KIT	NC		IMMPHENTIV SOLN IV	NC	
SYMJEPI SOSY 0.3 MG/0.3ML	NP		<i>midodrine hcl</i>	C	
Vasopressors			NOREPHINEPHRINE BITARTRATE/SODIUM CHLORIDE SOLN	NC	
AKOVAZ SOSY IV	NC		<i>norepinephrine bitartrate IV</i>	NC	
EMERPHED SOSY IV	NC		NOREPINEPHRINE BITARTRATE IV	NC	
<i>ephedrine sulfate</i> (pressors) SOLN IV	NC		NOREPINEPHRINE BITARTRATE/DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML, 5 %-8 MG/500ML	NC	
EPHEDRINE SULFATE/SODIUMCHLORIDE 10 MG/ML-0.9 %, 100 MG/10ML-0.9 %, 25 MG/5ML-0.9 %, 50 MG/10ML-0.9 %, 50 MG/5ML-0.9 %	NC		NOREPINEPHRINE BITARTRATE/SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML	NC	
EPHEDRINE SULFATE SOLN IV 50 MG/ML	NC		NOREPINEPHRINE/DEXTROSE SOLN	NC	
EPHEDRINE SULFATE SOSY IV 25 MG/5ML	NC		NOREPINEPHRINE/SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-8 MG/250ML, 0.9 %-8 MG/500ML	NC	
EPINEPHRINE HYDROCHLORIDE/DEXTROSE SOLN 4 MG/250ML-5 %, 5 MG/250ML-5 %	NC		<i>phenylephrine hcl</i> (pressors) SOLN IV	NC	
EPINEPHRINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 4 MG/250ML-0.9 %, 8 MG/250ML-0.9 %	NC				
EPINEPHRINE/DEXTROSE SOLN	NC				
EPINEPHRINE/DEXTROSE SOSY	NC				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PHENYLEPHRINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 10 MG/250ML-0.9 %, 100 MG/250ML-0.9 %, 20 MG/250ML-0.9 %, 25 MG/250ML-0.9 %, 40 MG/250ML-0.9 %, 50 MG/250ML-0.9 %, 80 MG/250ML-0.9 %	NC		MEPHYTON TABS (Use phytonadione)	NC	
			<i>phytonadione TABS 5 MG</i>	C	
			<i>vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT</i>	C	QL(2 ea daily)
			VITAMIN E CAPS 200 UNIT	C	QL(2 ea daily)
			VITAMIN E CHEW	C	QL(2 ea daily)
PHENYLEPHRINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY 0.4 MG/10ML-0.9 %, 0.5 MG/5ML-0.9 %, 0.8 MG/10ML-0.9 %, 1 MG/10ML-0.9 %, 100 MCG/10ML-0.9 %, 20 MG/50ML-0.9 %, 5 MG/50ML-0.9 %	NC		Water Soluble Vitamins		
			ASCORBIC ACID SOLN IV 15000 MG/30ML	NC	
			<i>ascorbic acid TABS</i>	C	QL(3.34 ea daily)
			NIACIN TR TBCR	C	
			<i>niacin CPCR 250 MG, 500 MG</i>	C	
			<i>niacin TABS 500 MG</i>	C	
			<i>niacin TBCR</i>	C	
			<i>pyridoxine hcl TABS 25 MG, 50 MG, 100 MG</i>	C	
			<i>riboflavin TABS</i>	C	QL(3.34 ea daily)
PHENYLEPHRINE HYDROCHLORIDE SOLN IV 0.4 MG/10ML, 1 MG/10ML, 10 MG/ML	NC		SLO-NIACIN TBCR (Use niacin)	NC	
PHENYLEPHRINE HYDROCHLORIDE SOSY 0.4 MG/10ML, 0.8 MG/10ML, 1 MG/10ML	NC		<i>thiamine hcl TABS</i>	C	QL(3.34 ea daily)
REZIPRES	NC		<i>thiamine mononitrate TABS 100 MG</i>	C	QL(3.34 ea daily)
VITAMINS					
Oil Soluble Vitamins					
<i>cholecalciferol CAPS 25 MCG, 50 MCG, 1000 UNIT, 2000 UNIT</i>	C	QL(100 ea per fill retail)			
<i>cholecalciferol CAPS 1.25 MG, 1.25 MG, 50000 UNIT</i>	C	QL(8 ea per 31 day(s) retail)			
<i>cholecalciferol CAPS 125 MCG, 5000 UNIT</i>	C	QL(2 ea daily)			
DRISDOL CAPS (Use ergocalciferol)	NC				
<i>ergocalciferol CAPS</i>	C				
<i>ergocalciferol SOLN OR 8000 UNIT/ML</i>	C	QL(60 ml per 90 day(s) retail)			
KEY-E CHEW	C	QL(2 ea daily)			

INDEX

2 COCKROACH MIX EXTRACT ... 4	ACCURETIC 12.5 MG-10 MG (Use quinapril-hydrochlorothiazide) 51	acetazolamide CP12 109
A.A.G.C. KIT IN TERODERM 86	ACCURETIC 12.5 MG-20 MG (Use quinapril-hydrochlorothiazide) 51	acetazolamide sodium 109
abacavir sulfate SOLN 64	ACCURETIC 25 MG-20 MG (Use quinapril-hydrochlorothiazide) 51	acetazolamide TABS 109
abacavir sulfate TABS 64	ACD FORMULA A 29	acetic acid (otic) 170
abacavir sulfate-lamivudine 64	ACD-A NOCLOT-50 29	acetic acid 0.25 % 116
ABELCET 45	ACE AEROSOL CLOUD ENHANCER MISC 137	acetylcysteine (antidote) SOLN ... 43
ABILIFY MAINTENA PRSY 63	acebutolol hcl CAPS 68	acetylcysteine SOLN 83
ABILIFY MAINTENA SRER 63	acetaminophen CHEW 13	ACIOXIA 92
ABILIFY TABS (Use aripiprazole) . 63	acetaminophen ELIX 13	ACIPHEX TBEC (Use rabeprazole sodium) 181
abiraterone acetate 58	acetaminophen LIQD 160 MG/5ML 13	acitretin 90
ABLYSINOL 73	acetaminophen SOLN IV 10 MG/ML, 1000 MG/100ML 13	ACNE MEDICATION 10 LOTN 83
ABRILADA 1-PEN KIT AJKT 8	acetaminophen SOLN OR 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML 13	ACNE MEDICATION 5 LOTN 83
ABRILADA 2-PEN KIT AJKT 8	ACETAMINOPHEN SOSY 13	ACNESIC GEL 98
ABRILADA PSKT 8	acetaminophen SUPP 120 MG, 650 MG 13	ACTEMRA ACTPEN SOAJ 10
ABRYSVO 184	acetaminophen SUSP 80 MG/2.5ML, 160 MG/5ML, 650 MG/20.3ML 13	ACTEMRA SOLN 10
ACACIA EXTRACT SC 4	acetaminophen TABS 325 MG, 500 MG 13	ACTEMRA SOSY 10
ACACIA POLLEN EXTRACT IJ 4	acetaminophen w/ codeine SOLN . 18	ACTHIB SOLR IM 183
ACAM2000 184	acetaminophen w/ codeine TABS 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG 18	ACTICLATE TABS (Use doxycycline hyclate) 178
acamprosate calcium 173	acetaminophen w/ codeine TABS 60 MG-300 MG 18	ACTIQ LPOP (Use fentanyl citrate) 14
ACANYA GEL (Use clindamycin phosphate-benzoyl peroxide) 83	acetaminophen-caff-dihydrocod CAPS 30 MG-320.5 MG-16 MG ... 18	ACTIVASE IV 118
acarbose 38		ACTIVE FE 119
ACCOLATE (Use zafirlukast) 25		ACTIVELLA TABS 1 MG-0.5 MG (Use estradiol & norethindrone acetate) 112
ACCRUFER 120		ACTIVITY POUCH MISC 137
ACCUCAINE 98		ACTIVNUTRIENTS CAPS 153
ACCU-CHEK AVIVA PLUS KIT .. 127		ACTIVNUTRIENTS CHEW 156
ACCU-CHEK GUIDE KIT 127		ACTIVNUTRIENTS CHEWABLE CHEW 156
ACCU-CHEK GUIDE ME KIT 127		
ACCU-CHEK NANO SMARTVIEW KIT 127		
ACCUPRIL (Use quinapril hcl) 49		

ACTIVNUTRIENTS PERFORMANCE CAPS	153	ADALIMUMAB-AATY 2-SYRINGE KIT PSKT 20 MG/0.2ML	8	ADENOCAINE SOSY	72
ACTIVNUTRIENTS W/O IRON CAPS	153	ADALIMUMAB-ADAZ SOAJ	8	adenosine SOLN 6 MG/2ML, 12 MG/4ML	23
ACTONEL TABS 35 MG, 150 MG (Use risedronate sodium)	110	ADALIMUMAB-ADAZ SOSY	8	ADHANSIA XR CP24	2
ACTOPLUS MET TABS 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	38	ADALIMUMAB-ADAZ SOSY	9	ADLARITY PTWK	173
ACTOS (Use pioglitazone hcl)	41	ADALIMUMAB-ADBM AJKT	9	ADLYXIN SOPN	40
ACULAR (Use ketorolac tromethamine (ophth))	168	ADALIMUMAB-ADBM CROHNS/UC/HS STARTER AJKT .	9	ADLYXIN STARTER PACK PNKT	40
ACULAR LS (Use ketorolac tromethamine (ophth))	168	ADALIMUMAB-ADBM PSKT	9	ADTHYZA TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	179
ACUVAIL	168	ADALIMUMAB-ADBM PSORIASIS/UVEITIS STARTER AJKT	9	ADTHYZA TABS 16.25 MG, 32.5 MG, 65 MG, 97.5 MG, 130 MG ...	179
ACYCLONINE MUM	151	ADALIMUMAB-FKJP AJKT	9	ADUHELM	173
acyclovir CAPS	67	ADALIMUMAB-FKJP PSKT	9	ADULT AEROSOL MASK MISC .	137
acyclovir sodium SOLN	67	ADALIMUMAB-RYVK (2 PEN)	9	ADULT DISPOSABLE MOUTHPIECE MISC	137
acyclovir SUSP	67	adapalene CREA	83	ADULT MASK DEVI	137
acyclovir TABS OR 400 MG	67	adapalene GEL 0.3 %	83	ADULT MASK LARGE MISC	137
acyclovir TABS OR 800 MG	67	adapalene GEL	83	ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	26
acyclovir topical CREA	92	ADAPALENE/BENZOYL PEROXIDE PADS	83	ADVAIR HFA AERO (Use fluticasone-salmeterol)	26
acyclovir topical OINT	92	adapalene-benzoyl peroxide GEL 2.5 %-0.3 %	83	ADVANCE INTUITION BLOOD GLUCOSE METER DEVI	127
ACYCLOVIX	66	adapalene-benzoyl peroxide GEL .	83	ADVANCE INTUITION BLOOD GLUCOSE MONITORING SYSTEM KIT	127
ACZONE (Use dapson (topical))	83	ADAPTER PED DISPOSABLE MOUTHPIECE MISC	137	ADVANCE MICRO-DRAW METER DEVI	127
ADACEL SUSP	179	ADASUVE	62	ADVANCED ALLERGY COLLECTION KIT KIT	92
ADAKVEO	118	ADDERALL TABS (Use amphetamine-dextroamphetamine) .	1	ADVIL TABS (Use ibuprofen)	10
ADALIMUMAB-AACF (2 PEN) AJKT .	8	ADDERALL XR CP24 (Use amphetamine-dextroamphetamine) .	1	ADVIN COVID-19 ANTIGEN HOME TEST KIT	106
ADALIMUMAB-AATY 1-PEN KIT AJKT	8	adefovir dipivoxil	66	ADVOCATE BLOOD GLUCOSE	
ADALIMUMAB-AATY 2-PEN KIT AJKT	8	ADEINZDE	83		
		ADEMPAS	73		

MONITORING SYSTEM DEVI ... 127	AEROCHAMBER PLUS FLOW-VU/MASK MISC 137	AGAMATRIX AMP NO CODE
ADVOCATE BLOOD GLUCOSE MONITORING SYSTEM KIT 127	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK DEVI 137	ADVANCED BLOOD GLUCOSE MONITORING SYST DEVI 127
ADVOCATE INSULIN PEN NEEDLE/32GX4MM 136	AEROCHAMBER PLUS FLOW-VU/MEDIUM MASK MISC 137	AGAMATRIX JAZZ WIRELESS 2 KIT 127
ADVOCATE REDI-CODE DEVI .. 127	AEROCHAMBER PLUS FLOW-VU/SMALL MASK DEVI 137	AGAMATRIX PRESTO KIT 127
ADVOCATE REDI-CODE/TALKING KIT 127	AEROCHAMBER PLUS FLOW-VU/SMALL MASK MISC 137	AGAMATRIX PRESTO PRO METER DEVI 127
ADVOCATE REDI-CODE+ BLOOD GLUCOSE SYSTEM/SPEAKING DEVI 127	AEROCHAMBER Z-STAT PLUS VALVED HOLDING CHAMBER W/FLOW VU MISC 138	AGGRASTAT 3.75 MG/15ML 118
ADVOCATE REDI-CODE+ BLOODGLUCOSE MONITORING SYSTEM DEVI 127	AEROCHAMBER Z-STAT PLUS/FLOWSIGNAL MISC 138	AIRDUO DIGIHALER 113/14 26
ADZENYS XR-ODT TBED 1	AEROCHAMBER Z-STAT PLUS/LARGE MASK MISC 138	AIRDUO DIGIHALER 232/14 26
AEMCOLO 53	AEROCHAMBER Z-STAT PLUS/SMALL MASK MISC 138	AIRDUO DIGIHALER 55/14 26
AEROBIKA DEVI 137	AEROCHAMBER/FLowsIGNAL MISC 138	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol) 26
AEROCHAMBER HOLDING CHAMBER DEVI 137	AEROECLIPSE EZ TWIST TUBING MISC 138	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol) 26
AEROCHAMBER MINI AEROSOLCHAMBER DEVI 137	AEROECLIPSE MASK LARGE MISC 138	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol) 26
AEROCHAMBER MV MISC 137	AEROECLIPSE MASK MEDIUM MISC 138	AIRDUO RESPICLICK 55/14 AEPB 26
AEROCHAMBER PLUS FLOW VU MISC 137	AEROECLIPSE MASK SMALL MISC 138	AIRS PEDIATRIC AEROSOL MASK MISC 138
AEROCHAMBER PLUS FLOW VUMOUTHPIECE DEVI 137	AEROTRACH PLUS MISC 138	AIRSUPRA 26
AEROCHAMBER PLUS FLOW-VU MISC 137	AEROVENT PLUS HOLDING CHAMBER/COLLAPSIBLE DEVI 138	AJOVY SOAJ 144
AEROCHAMBER PLUS FLOW-VU/INTERMEDIATE MASK DEVI 137	AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT 40	AKOVAZ SOSY IV 187
AEROCHAMBER PLUS FLOW-VU/LARGE MASK DEVI 137		AKTEN 167
AEROCHAMBER PLUS FLOW-VU/LARGE MASK MISC 137		AKYNZEO 44
		AKYNZEO SOLR 44
		ALADERM PLUS EMUL 100
		ALA-QUIN 87
		ALA-SCALP LOTN 92
		albendazole 22
		ALBUKED 25 117

ALBUKED 5	117	ALEVE TABS (Use naproxen sodium)	10	TABS	160
ALBUMIN HUMAN	118	alfuzosin hcl	116	allopurinol	117
ALBUMINEX	118	ALINIA SUSR	54	ALLOPURINOL	117
ALBUMIN-ZLB	118	ALINIA TABS (Use nitazoxanide) ..	54	allopurinol sodium	117
ALBURX	118	aliskiren fumarate	53	ALLZITAL TABS	13
ALBUTEIN	118	ALIVE EVERYDAY IMMUNE HEALTH CAPS	153	ALMOND ALLERGENIC EXTRACT .	104
albuterol sulfate AERS	26	ALIVE GUMMIES FOR CHILDREN CHEW	156	almotriptan malate	144
albuterol sulfate NEBU 0.083 % ...	26	ALIVE MULTI-VITAMIN CHILDRENS CHEWABLE CHEW	156	ALOCRIIL	168
albuterol sulfate NEBU 0.5 %	26	ALKERAN (Use melphalan)	56	alogliptin benzoate	39
albuterol sulfate NEBU 0.63 MG/3ML, 1.25 MG/3ML	26	ALKINDI SPRINKLE CPSP	78	alogliptin-metformin hcl	38
albuterol sulfate NEBU 2.5 MG/0.5ML	26	ALL FLOW 1000 PFT FILTER DEVI .	138	alogliptin-pioglitazone 15 MG-12.5 MG, 45 MG-12.5 MG	38
ALBUTEROL SULFATE NEBU ...	26	ALL FLOW 1000 PULMONARY FUNCTION FILTER MISC	138	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	38
albuterol sulfate SYRP	26	ALL FLOW 2000 PFT FILTER DEVI .	138	ALOMIDE	168
albuterol sulfate TABS	26	ALL FLOW 3000 PFT FILTER DEVI .	138	ALORA PTTW	112
alclometasone dipropionate CREA	92	ALL FLOW 4000 PFT FILTER DEVI .	138	alose tron hcl	115
alclometasone dipropionate OINT .	92	ALL FLOW 5000 PFT FILTER DEVI .	138	ALPHAGAN P (Use brimonidine tartrate)	165
ALDACTAZIDE (Use spironolactone & hydrochlorothiazide)	109	ALL FLOW 6000 PFT FILTER DEVI .	138	ALPHA-KETOGLUTARIC ACID CRYSTALS	75
ALDACTAZIDE	109	ALL FLOW 7000 PFT FILTER DEVI .	138	ALPHA-LIPOIC ACID SOLN	7
ALDACTONE TABS (Use spironolactone)	109	ALLEGRA ALLERGY TABS 180 MG (Use fexofenadine hcl)	46	ALPRAZOLAM INTENSOL CONC	23
ALDER EXTRACT	4	ALLEGRA ALLERGY TABS 60 MG (Use fexofenadine hcl)	46	alprazolam TABS	23
alendronate sodium SOLN	110	ALLERWELL ALLERGY FORMULA		alprazolam TB24	23
alendronate sodium TABS 10 MG	110			alprazolam TBDP	23
alendronate sodium TABS 35 MG, 70 MG	110			alprostadil	150
alendronate sodium TABS 5 MG .	110			ALREX SUSP (Use loteprednol etabonate)	167
ALEVE ARTHRITIS TABS (Use naproxen sodium)	10			ALTABAX	87

ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril)	49	AMERICAN COCKROACH EXTRACT	4	AMLADEX TABS	155
ALTERNARIA ALTERNATA	104	AMERICAN ELM EXTRACT SC	4	AMLEXANOX	75
ALTOPREV TB24 20 MG, 40 MG, 60 MG	49	AMERICAN ELM POLLEN EXTRACT	104	amlodipine besylate TABS	70
ALTRENO LOTN	83	AMERICAN LOBSTER ALLERGENIC EXTRACT	104	AMLODIPINE BESYLATE/SYRSPEND SF PH4 SUSP	70
ALTRIXA TABS	155	AMERICAN SYCAMORE POLLENEXTRACT IJ	4	amlodipine besylate-atorvastatin calcium	72
alum & mag hydrox-simethicone LIQD	22	amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	7	amlodipine besylate-atorvastatin calcium 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 2.5 MG-20 MG, 2.5 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG	72
alum & mag hydrox-simethicone SUSP	22	amiloride & hydrochlorothiazide ..	109	amlodipine besylate-benazepril hcl 10 MG-2.5 MG, 40 MG-5 MG	51
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	22	amiloride hcl TABS	109	amlodipine besylate-benazepril hcl 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG	51
ALVESCO	25	AMINO ACID INFUSION/DEXTROSE	163	amlodipine besylate-olmesartan medoxomil	51
alvimopan	115	AMINO ACIDS/DEXTROSE	163	amlodipine besylate-valsartan	51
ALYGLO	171	AMINO ACIDS/DEXTROSE/CALCIUM/HEPARIN	163	amlodipine besylate-valsartan 10 MG-160 MG, 10 MG-320 MG, 5 MG-160 MG	51
amantadine hcl CAPS	59	AMINO PHYLLOPHYLLOXANOLINE SOLN	27	amlodipine-valsartan-hydrochlorothiazide	51
amantadine hcl SOLN	59	amiodarone hcl SOLN 50 MG/ML, 450 MG/9ML, 900 MG/18ML	24	AMMONIA N 13	106
amantadine hcl TABS	59	amiodarone hcl TABS 100 MG, 400 MG	24	AMNIOCORE AMNIOTIC MEMBRANE/2CM X 12CM SHEE 102	
AMARYL 1 MG, 2 MG (Use glimepiride)	42	amiodarone hcl TABS 200 MG	24	AMNIOCORE AMNIOTIC MEMBRANE/4CM X 8CM SHEE .102	
AMARYL 4 MG (Use glimepiride) ..	42	AMIODARONE HYDROCHLORIDE/DEXTROSE 5 %-450 MG/250ML, 5 %-900 MG/500ML	24	AMNIOCORE AMNIOTIC MEMBRANE/6CM X 16CM SHEE 102	
AMBIEN CR TBCR (Use zolpidem tartrate)	121	AMITIZA (Use lubiprostone)	113	AMNIOCORE AMNIOTIC	
AMBIEN TABS (Use zolpidem tartrate)	121	amitriptyline hcl TABS	37	AMNIOCORE AMNIOTIC	
amcinonide CREA	92	AMJEVITA SOAJ	9	AMNIOCORE AMNIOTIC	
amcinonide LOTN	92	AMJEVITA SOSY 40 MG/0.4ML ...	9	AMNIOCORE AMNIOTIC	
amcinonide OINT	92	AMJEVITA SOSY	9		
AMELUZ GEL	90				
AMERGE (Use naratriptan hcl) ..	144				
AMERICAN BEECH EXTRACT	4				
AMERICAN BEECH POLLEN	4				

MEMBRANE/6CM X 9CM SHEE .102	AMPHADASE .....149	ANALPRAM HC SINGLES CREA EX (Use hydrocortisone acetate w/ pramoxine) .....21
AMNIOCORE AMNIOTIC MEMBRANE/9CM X 20CM SHEE 102	amphetamine sulfate TABS .....1	ANALPRAM-HC LOTN EX 21
AMNIOTEXT/10CMX10CM SHEE 102	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 12.5 MG-12.5 MG-12.5 MG-12.5 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.125 MG-3.125 MG- 3.125 MG-3.125 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG, 9.375 MG-9.375 MG- 9.375 MG-9.375 MG 1	ANAPROX DS TABS (Use naproxen sodium) .....10
AMNIOTEXT/1CMX1CM SHEE ..102	amphetamine-dextroamphetamine CP24 1.25 MG-1.25 MG-1.25 MG- 1.25 MG, 2.5 MG-2.5 MG-2.5 MG-2.5 MG, 3.75 MG-3.75 MG-3.75 MG-3.75 MG, 5 MG-5 MG-5 MG-5 MG, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG 1	ANASCORP .....171
AMNIOTEXT/4CMX8CM SHEE ..102	amphetamine-dextroamphetamine TABS 1	anastrozole .....58
AMNIOTEXT/8CMX8CM SHEE ..102	amphotericin b IV 45	ANAVIP 171
amoxapine .....37	amphotericin b liposome 45	ANDRODERM PT24 2 MG/24HR, 4 MG/24HR 20
amoxicillin & pot clavulanate CHEW . 172	ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM .....172	ANDROGEL GEL TD (Use testosterone) .....20
amoxicillin & pot clavulanate SUSR 28.5 MG/5ML-200 MG/5ML, 62.5 MG/5ML-250 MG/5ML .....172	ampicillin CAPS 500 MG 172	ANDROGEL PUMP GEL TD 1.62 % (Use testosterone) 20
amoxicillin & pot clavulanate SUSR 42.9 MG/5ML-600 MG/5ML, 57 MG/5ML-400 MG/5ML .....172	ampicillin sodium IJ 1 GM, 2 GM, 125 MG, 250 MG, 500 MG .....172	ANECTINE SOLN 162
amoxicillin & pot clavulanate TABS 125 MG-250 MG, 125 MG-500 MG 172	AMRIX CP24 (Use cyclobenzaprine hcl) .....160	ANGELIQ 112
amoxicillin & pot clavulanate TABS 125 MG-875 MG .....172	AMVISC SOSY .....168	ANORO ELLIPTA 27
amoxicillin & pot clavulanate TB12 172	AMYTAL SODIUM .....121	ANTARA 30 MG 48
amoxicillin CAPS 171	ANACAINE OINT 98	ANTICOAGULANT SODIUM CITRATE SOLN 29
amoxicillin CHEW 125 MG, 250 MG . 171	ANAFRANIL (Use clomipramine hcl) 37	ANTICOAGULANT SODIUM CITRATE VI .....28
AMOXICILLIN SUSR (Use amoxicillin) .....171	anagrelide hcl .....118	ANTIVENIN LATRODECTUS MACTANS 171
amoxicillin SUSR 171		ANTIVENIN NORTH AMERICANCORAL SNAKE .....171
amoxicillin TABS 500 MG 171		ANTIVERT CHEW (Use meclizine hcl) 44
amoxicillin TABS 875 MG 171		ANUSOL-HC EX (Use hydrocortisone (rectal)) 22
amoxicillin-clarithromycin w/ lansoprazole THPK .....182		ANZEMET TABS 50 MG 43
		APADAZ .....18
		APETIBEX CAPS .....153

APEXICON E CREA	92	10 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML, 60 MCG/0.3ML, 100 MCG/0.5ML, 150 MCG/0.3ML	119	ARMOUR THYROID TABS	179
APIDRA SOLN	40	ARAVA (Use leflunomide)	13	ARNICA FLOWER	100
APIDRA SOLOSTAR SOPN	40	ARCALYST	10	ARNUITY ELLIPTA	25
APLENZIN	34	AREXVY	184	AROMASIN (Use exemestane) ...	58
APLISOL	104	arformoterol tartrate	27	ARTESUNATE	56
APONVIE EMUL	44	argatroban	29	ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	10
APO-VARENICLINE TABS 0.5 MG 176		ARGATROBAN	29	ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	10
APO-VARENICLINE TABS 1 MG 176		ARGATROBAN/SODIUM CHLORIDE	29	articaïne-epinephrine 1 :100000-4 % .	124
APPE-CURB CAPS	153	ARICEPT TABS 23 MG (Use donepezil hydrochloride)	173	ARTISS KIT	120
APPLE ALLERGENIC EXTRACT 104		ARICEPT TABS 5 MG, 10 MG (Use donepezil hydrochloride)	173	ARTISS SOLN	120
apraclonidine hcl	165	ARIDOL	105	ARZOL SILVER NITRATE APPLICATORS	92
aprepitant CAPS	44	ARIKAYCE	7	ASACOL HD TBEC (Use mesalamine)	114
aprepitant MISC	44	ARIMIDEX (Use anastrozole)	58	ASCLERA SOLN	150
APRETUDE	64	aripiprazole SOLN OR	63	ASCORBIC ACID SOLN IV 15000 MG/30ML	188
APRISO CP24 (Use mesalamine) 114		aripiprazole TABS	63	ascorbic acid TABS	188
APRIZIO PAK	98	aripiprazole TBDP	63	asenapine maleate	62
APTENSIO XR CP24 (Use methylphenidate hcl)	2	ARISTADA 1064 MG/3.9ML	63	asenapine maleate 2.5 MG, 10 MG 62	
APTIOM	30	ARISTADA 1064 MG/3.9ML	64	ASMANEX HFA AERO	25
APTIVUS CAPS	64	ARISTADA 441 MG/1.6ML	64	ASMANEX TWISTHALER 120 METERED DOSES AEPB	25
AQINJECT PEN NEEDLE/31G X 3/16"	136	ARISTADA 662 MG/2.4ML	63	ASMANEX TWISTHALER 14 METERED DOSES AEPB	25
AQINJECT PEN NEEDLE/32G X 5/32"	136	ARISTADA 662 MG/2.4ML	64	ASMANEX TWISTHALER 30 METERED DOSES AEPB	25
AQUORAL SOLN	152	ARISTADA 882 MG/3.2ML	63	ASMANEX TWISTHALER 60 METERED DOSES AEPB	25
ARAKODA	56	ARISTADA 882 MG/3.2ML	64	ASPARLAS	59
ARANESP ALBUMIN FREE SOLN 25 MCG/ML, 40 MCG/ML, 60 MCG/ML, 100 MCG/ML	119	ARISTADA INITIO	64		
ARANESP ALBUMIN FREE SOSY		ARIZONA CYPRESS EXTRACT ...	4		
Index 7		armodafinil	2		
		ARMONAIR DIGIHALER	25		

ASPEN POLLEN EXTRACT	4	cilexetil-hydrochlorothiazide)	51	atropine sulfate (ophthalmic) SOLN	164
ASPERGILLUS FUMIGATUS		atazanavir sulfate CAPS 150 MG,		ATROPINE SULFATE SOLN (Use	
EXTRACT IJ	104	200 MG	64	atropine sulfate (ophthalmic))	164
aspirin buffered (cal carb-mag carb-		atazanavir sulfate CAPS 300 MG .	64	ATROPINE SULFATE SOLN 0.025	
mag oxide)	14	ATELVIA TBEC (Use risedronate		%, 0.05 %, 1 %	164
aspirin CHEW	14	sodium)	110	ATROPINE SULFATE SOLN 1 %	
ASPIRIN SUPP 300 MG	14	atenolol & chlorthalidone	51	165	
aspirin TABS 325 MG	14	atenolol TABS 50 MG	68	atropine sulfate SOLN IV 0.4 MG/ML,	
aspirin TBEC 81 MG, 325 MG	14	atenolol TABS	68	1 MG/ML	180
ASPIRIN/OMEPRAZOLE 81 MG-40		ATENOLOL/SYRSPEND SF PH4		atropine sulfate SOSY IJ	180
MG	118	SUSP	68	ATROPINE SULFATE SOSY IJ ..	180
ASPIRIN/OMEPRAZOLE ER	118	ATIVAN TABS 0.5 MG, 2 MG (Use		ATROVENT HFA	24
aspirin-dipyridamole	118	lorazepam)	23	AUBAGIO (Use teriflunomide) ...	175
ASPRUZYO SPRINKLE PACK	22	ATIVAN TABS 1 MG (Use		AUGMENTIN ES-600 SUSR (Use	
ASPYRERX	149	lorazepam)	23	amoxicillin & pot clavulanate)	172
ASSURE 4 BLOOD GLUCOSE		ATLANTIC COD ALLERGENIC		AUGMENTIN SUSR 31.25 MG/5ML-	
METER DEVI	127	EXTRACT	104	125 MG/5ML	172
ASSURE ID DUO PRO SAFETY PEN		ATLANTIC SALMON ALLERGENIC		AUGMENTIN TABS 125 MG-500 MG	
NEEDLES 31G X 5MM	136	EXTRACT	104	(Use amoxicillin & pot clavulanate)	
ASSURE ID PRO SAFETY		ATLANTIC/EASTERN OYSTER		172	
PENNEEDLES 30G X 5MM	136	ALLERGENIC EXTRACT	104	AURYXIA	115
ASSURE PLATINUM BLOOD		atomoxetine hcl	2	AUSTEDO PATIENT TITRATION	
GLUCOSE METER DEVI	127	atomoxetine hcl 25 MG	2	KIT TBPK	174
ASSURE PRISM MULTI		ATORVALIQ SUSP	49	AUSTEDO TABS	174
BLOODGLUCOSE MONITORING		atorvastatin calcium TABS	49	AUSTEDO XR TB24 30 MG, 36 MG,	
SYSTEM DEVI	127	atovaquone	54	42 MG, 48 MG	174
ASSURE PRO BLOOD GLUCOSE		atovaquone-proguanil hcl	55	AUVELITY	34
METER DEVI	127	atracurium besylate 50 MG/5ML, 100		AUVI-Q SOAJ	186
ASTAGRAF XL CP24	149	MG/10ML	163	AVALIDE (Use irbesartan-	
ASTRINGYN	120	ATRALIN GEL (Use tretinoin)	83	hydrochlorothiazide)	51
ATABEX EC TBEC	157	ATROPEN SOAJ	180	AVAPRO (Use irbesartan)	50
ATACAND (Use candesartan		atropine sulfate (ophthalmic) OINT		AVAR LS CLEANSER LIQD (Use	
cilexetil)	50	164		sulfacetamide sodium w/ sulfur) ...	83
ATACAND HCT (Use candesartan					

AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur) ... 83	azithromycin TABS 250 MG .....125	sulfamethoxazole-trimethoprim) ... 53
AVEIDA 101	azithromycin TABS 250 MG .....126	BAFIERTAM 175
AVIDOXY DK 178	azithromycin TABS 500 MG .....125	BAHIA EXTRACT 4
AVODART (Use dutasteride) 116	azithromycin TABS 500 MG .....126	BAL IN OIL 43
AVONEX PEN AJKT .....175	azithromycin TABS 600 MG .....126	BALD CYPRESS EXTRACT 4
AVONEX PSKT .....175	AZO VAGINAL PH TEST 106	balsalazide disodium CAPS .....114
AVSOLA .....114	AZOPT (Use brinzolamide) 169	BALSAM PERU & CASTOR OIL OINT 102
AVYCAZ .....74	AZOR (Use amlodipine besylate- olmesartan medoxomil) 51	BANANA ALLERGENIC EXTRACT . 104
AXUMIN .....106	AZSTARYS .....2	BANZEL SUSP (Use rufinamide) ..30
AYGESTIN TABS (Use norethindrone acetate) 173	AZULFIDINE EN-TABS TBEC (Use sulfasalazine) 114	BANZEL TABS (Use rufinamide) ..30
AYVAKIT 58	AZULFIDINE TABS (Use sulfasalazine) 114	BAQSIMI ONE PACK POWD 39
AZASITE 165	B & C OINT 102	BAQSIMI TWO PACK POWD 39
AZATHIOPRINE 149	b complex w/ c CAPS .....152	BARACLUDE SOLN .....66
azathioprine TABS 50 MG .....149	BACIGUENT 165	BARACLUDE TABS (Use entecavir) . 66
azathioprine TABS 75 MG, 100 MG 149	bacitracin (ophthalmic) .....165	BARHEMSYS 44
azathioprine TABS .....149	bacitracin (topical) OINT 87	BARIATRIC MULTIVITAMINS/IRON CAPS 153
azelaic acid GEL .....101	bacitracin 53	BARIUM SULFATE POWD .....107
azelastine hcl (ophth) 168	bacitracin zinc OINT 87	BARRIGEL 22
azelastine hcl .....162	bacitracin-polymyxin b (ophth) ...165	BASAGLAR KWIKPEN SOPN 40
azelastine hcl 0.1 %, 137 MCG/SPRAY 162	bacitracin-poly-neomycin-hc .....167	BASAGLAR TEMPO PEN SOPN .40
azelastine hcl 0.15 %162	baclofen SOLN OR 10 MG/5ML ..160	BASE D POLYETHYLENE GLYCOL 4600 .....172
azelastine hcl-fluticasone propionate SUSP 161	BACLOFEN SOLN XX .....160	BASIS FACIAL MOISTURIZER CREA 100
AZELEX 83	baclofen SUSP 160	BASIS OVERNIGHT CREA 100
AZESCO TABS .....157	baclofen TABS 5 MG, 10 MG, 20 MG.....160	BAXDELA TABS .....112
azithromycin PACK 125	baclofen TABS .....160	BAYBERRY WAX MYRTLE EXTRACT 4
azithromycin SOLR 125	BACTRIM DS TABS (Use sulfamethoxazole-trimethoprim) ... 53	
azithromycin SUSR .....125	BACTRIM TABS (Use	

BCG VACCINE	183	BENADRYL ALLERGY EXTRA STRENGTH TABS	46	benzoyl peroxide BAR	83
b-complex vitamins CAPS	152	BENADRYL ALLERGY TABS (Use diphenhydramine hcl)	46	benzoyl peroxide FOAM 5.3 %, 9.8 %	83
b-complex vitamins TABS	152	BENADRYL ALLERGY ULTRATABS TABS (Use diphenhydramine hcl) .	46	benzoyl peroxide GEL 2.5 %, 5 %, 10 %	83
b-complex w/ c & folic acid CAPS 152		benazepril & hydrochlorothiazide .	51	BENZOYL PEROXIDE GEL	83
b-complex w/ c & folic acid TABS 152		benazepril & hydrochlorothiazide 12.5 MG-20 MG	51	benzoyl peroxide LIQD 2.5 %, 5 %, 7 %, 10 %	83
b-complex w/ folic acid CAPS	152	benazepril hcl 40 MG	49	benzoyl peroxide LIQD 4 %	84
b-complex w/biotin & folic acid TABS 152		benazepril hcl 5 MG, 10 MG, 20 MG .	49	benzoyl peroxide LIQD 5 %, 10 % .	83
BD AUTOSHIELD DUO 30G X 5MM	136	benazepril hcl 5 MG, 10 MG, 20 MG .	50	benzoyl peroxide-erythromycin GEL .	83
BD GLUCOSE CHEW	39	BENICAR (Use olmesartan medoxomil)	50	benztropine mesylate SOLN	59
BD INSULIN SYRINGE/U-500/0.5ML/31G X 6MM	136	BENICAR HCT (Use olmesartan medoxomil-hydrochlorothiazide) ...	51	benztropine mesylate TABS	59
BD LATITUDE DIABETES MANAGEMENT SYSTEM KIT ...	127	BENTIVITE TABS	119	BEOVU SOLN	165
BD LOGIC BLOOD GLUCOSE MONITOR KIT	127	BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide)	83	bepotastine besilate	169
BD VERITOR SYSTEM FOR RAPID DETECTION OF GROUP A STREP .	106	BENZALKONIUM CHLORIDE SOLN	64	BEPREVE (Use bepotastine besilate)	169
BD VERITOR SYSTEM FOR RAPID DETECTION OF SARS-COV-2&FLU A+B	106	BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	83	BERINERT KIT	117
BEBTELOVIMAB	171	BENZHYDROCODONE/ACETAMINOPHEN	18	BESIVANCE	165
BECONASE AQ	162	BENZODOX 30 KIT	178	BETA 1 KIT KIT	78
BEEF ALLERGENIC EXTRACT .	104	BENZODOX 60 KIT	178	BETADINE OPHTHALMIC PREP	165
BELBUCA FILM	20	BENZOLYL PEROXIDE FORTE-HC	83	BETALIDO	78
BELLADONNA/OPIUM	180	benzonatate 100 MG	81	BETALOAN SUIK	78
BELSOMRA	122	benzonatate 150 MG	81	BETAMETHASONE ACETATE/BETAMETHASONE SUSP	78
BENADRYL ALLERGY CAPS (Use diphenhydramine hcl)	46	benzonatate 200 MG	81	BETAMETHASONE COMBO SUSP .	78

betamethasone dipropionate (topical) OINT	92	BEVESPI AEROSPHERE	27	metronidazole-tetracycline	182
betamethasone dipropionate augmented CREA	92	BEXAGLIFLOZIN	42	bismuth subsalicylate CHEW 262 MG	42
betamethasone dipropionate augmented GEL 0.05 %	92	BEXSERO	183	bismuth subsalicylate SUSP 525 MG/15ML, 1050 MG/30ML	42
betamethasone dipropionate augmented LOTN	92	bicalutamide	58	bisoprolol & hydrochlorothiazide 6.25 MG-10 MG, 6.25 MG-5 MG	51
betamethasone dipropionate augmented OINT	93	BICILLIN C-R 300000 UNIT/2ML- 900000 UNIT/2ML, 300000 UNIT/ML- 300000 UNIT/ML	172	bisoprolol & hydrochlorothiazide 6.25 MG-2.5 MG	51
betamethasone sod phosphate & acetate SUSP	78	BICILLIN L-A SUSY	172	bisoprolol fumarate	68
BETAMETHASONE SODIUM PHOSPHATE/BETAMETHASONE ACETATE SUSP	78	BICNU (Use carmustine)	56	BISOPROLOL FUMARATE	75
betamethasone valerate CREA	93	BIJUVA	112	BIVALIRUDIN RTU SOLN (Use bivalirudin trifluoroacetate)	29
betamethasone valerate FOAM ...	93	BIKTARVY	64	bivalirudin trifluoroacetate SOLN ..	29
betamethasone valerate LOTN	93	bimatoprost SOLN	169	BLACK WALNUT POLLEN EXTRACT IJ	4
betamethasone valerate OINT	93	BINOSTO TBEF	110	BLACK WALNUT POLLEN EXTRACT/CA	104
BETAPACE AF (Use sotalol hcl (afib/af))	69	BIO GLO STRP	169	BLACK WALNUT POLLEN EXTRAT IJ	4
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use sotalol hcl)	69	BIO-35 GLUTEN-FREE CAPS ...	153	BLACK WILLOW POLLEN EXTRACT	104
BETASERON KIT	175	BIO-35 IRON FREE CAPS	153	BLACK WILLOW POLLEN EXTRAT IJ	4
betaxolol hcl (ophth) SOLN	163	BIOCAL CAPS	153	BLACK/SWEET BIRCH POLLENEXTRACT	4
betaxolol hcl	68	BIOLYTE SOLN	146	BLENREP	57
bethanechol chloride	183	BIOTEL CARE BLOOD GLUCOSEMONITORING SYSTEM KIT	127	bleomycin sulfate	58
BETHKIS NEBU (Use tobramycin) .	7	BIOTEL CARE CONNECTED BLOOD GLUCOSE MONITORING SYSTEM KIT	127	BLEPH-10 SOLN (Use sulfacetamide sodium (ophth))	165
BETIMOL	164	BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN ..	152	BLEPHAMIDE S.O.P. OINT	167
BETOPTIC-S SUSP	164	BIOTHRAX	183	BLOOD GLUCOSE MONITORINGSYSTEM 333 DEVI 127	
BEVACIZUMAB IZ 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML, 3.75 MG/0.15ML	165	BIOTIN PLUS KERATIN TABS ...	160	BLOOD GLUCOSE	
		BIPOLARIS SOROKINIANA EXTRACT	4		
		bisacodyl SUPP	123		
		bisacodyl TBEC	124		
		bismuth subcitrate potassium-			

MONITORINGSYSTEM KIT .....127	VALVED HOLDING	165
BLOOD GLUCOSE	CHAMBER/ADULT DEVI .....138	brimonidine tartrate 0.2 % 165
MONITORINGSYSTEM PREMIUM	BREATHE COMFORT ANTI-STATIC	brimonidine tartrate-timolol maleate .
KIT 127	VALVED HOLDING	164
BLOOD GLUCOSE SYSTEM PAK	CHAMBER/CHILD DEVI 138	BRINEURA .....111
KIT 128	BREATHE EASE NEBULIZER	brinzolamide 169
BLUDIGO IV .....105	MASK/CHILD MISC 138	BRIVIACT SOLN OR 10 MG/ML .. 30
BLUE CRAB ALLERGENIC	BREATHE EASE NEBULIZER	BRIVIACT TABS .....30
EXTRACT .....104	MASK/INFANT MISC .....138	BRIXADI SOSY 32 MG/0.64ML, 64
BLULINK BLOOD GLUCOSE	BREATHE EASE/LARGE MASK	MG/0.18ML, 96 MG/0.27ML 20
MONITORING SYSTEM DEVI ... 128	DEVI 138	BROME EXTRACT .....4
BOCASAL PACK 152	BREATHE EASE/MEDIUM MASK	bromfenac sodium (ophth) .....169
BONEUP 3 PER DAY CAPS .....153	DEVI 138	bromfenac sodium (ophth) 0.09 %
BONEUP CAPS 153	BREATHE EASE/SMALL MASK	169
BONJESTA TBCR 44	DEVI 138	bromocriptine mesylate CAPS .....59
BOOSTNOW IMMUNE SUPPORT	BREATHERITE VALVED MDI	bromocriptine mesylate TABS 2.5
CAPS 153	CHAMBER/COLLAPSIBLE DEVI 138	MG 59
BOOSTRIX SUSP 179	BREATHERITE VALVED MDI	brompheniramine & phenyleph ELIX .
BOOSTRIX SUSY 180	CHAMBER/RIGID DEVI .....138	81
BOTOX IJ .....163	BREEZE 2 BLOOD GLUCOSE	BROMPHENIRAMINE MALEATE
BOUDREAUXS BUTT PASTE BUTT	MONITORING SYSTEM DEVI ... 128	SOLN IM 46
BARRIER OINT .....100	BRENZAVVY .....42	BROMPHENIRAMINE SOLN IM .. 46
BOX ELDER POLLEN EXTRACT IJ .	BREO ELLIPTA (Use fluticasone	BROMSITE (Use bromfenac sodium
4	furoate-vilanterol) 27	(ophth)) 169
BP VIT 3 .....119	BREO ELLIPTA 27	BRONCHITOL 177
BPCO OINT .....102	BREO ELLIPTA 100 MCG/ACT-25	BRONCHITOL TOLERANCE TEST .
BPROTECTED PEDIA POLY-VITE	MCG/ACT .....27	177
SOLN OR 157	BREXAFEMME 44	BROVANA (Use arformoterol
BPROTECTED PEDIA POLY-	BREZTRI AEROSPHERE .....27	tartrate) .....27
VITE/IRON SOLN 157	BRILINTA 118	BROWN SHRIMP ALLERGENIC
BRAFTOVI 75 MG .....58	BRILINTA 90 MG .....118	EXTRACT .....104
BRAZIL NUT ALLERGENIC	BRIMONIDE/DORZOLAMIDE P-F	BRUKINSA 58
EXTRACT .....104	165	BRUSELIX CREA .....98
BREATHE COMFORT ANTI-STATIC	brimonidine tartrate (topical) .....101	
	brimonidine tartrate 0.1 %, 0.15 %	

BRUSELIX GEL	98	SOLN IJ 0.25 %, 0.5 %	125	bupropion hcl TB12 100 MG, 150 MG	34
BRYHALI LOTN	93	BUPIVACAINE HYDROCHLORIDE		bupropion hcl TB12 200 MG	34
BSP 0820 KIT	78	SOSY 0.125 %, 0.25 %	125	bupropion hcl TB24 150 MG	34
BSS PLUS SOLN	169	BUPIVACAINE		bupropion hcl TB24 300 MG	34
BSS SOLN	169	HYDROCHLORIDE/DEXAMETHAS		bupropion hcl TB24 450 MG	34
BUBBLES THE FISH II PEDIATRIC		ONE SOD PHOS/EPINEPHRINE	.78	buspirone hcl 15 MG	23
MASK/PVC MISC	138	BUPIVACAINE		buspirone hcl 5 MG, 10 MG	23
budesonide (inhalation) SUSP 0.25		HYDROCHLORIDE/SODIUM		buspirone hcl 7.5 MG, 30 MG	23
MG/2ML, 0.5 MG/2ML	25	CHLORIDE SOLN EP 0.9 %-0.125 %		busulfan SOLN	56
budesonide (inhalation) SUSP 1		.....	125	butalbital-acetaminophen CAPS 50	
MG/2ML	25	BUPIVACAINE		MG-300 MG	13
budesonide (intrarectal)	21	HYDROCHLORIDE/SODIUM		butalbital-acetaminophen TABS 25	
budesonide (nasal)	162	CHLORIDE SOLN EP 0.9 %-0.25 %		MG-325 MG, 50 MG-300 MG	13
budesonide CPEP	78	.....	125	butalbital-acetaminophen TABS 50	
budesonide TB24	78	125		MG-325 MG	13
budesonide-formoterol fumarate		bupivacaine in dextrose SOLN ...	125	butalbital-acetaminophen-caffeine	
dihydrate	27	bupivacaine w/ epinephrine SOLN 1		CAPS 40 MG-50 MG-300 MG	13
BUFFERED LIDOCAINE		:200000-0.25 %, 1 :200000-0.5 %		butalbital-acetaminophen-caffeine	
HYDROCHLORIDE/EPINEPHRINE/		124		CAPS 40 MG-50 MG-325 MG	13
SODIUM CHLORIDE SOSY	124	BUPIVILOG KIT KIT	78	butalbital-acetaminophen-caffeine	
BUFFERIN (Use aspirin buffered		BUPRENEX SOLN (Use		SOLN	13
(cal carb-mag carb-mag oxide)) ...	14	buprenorphine hcl)	20	butalbital-acetaminophen-caffeine	
bumetanide SOLN 0.25 MG/ML ...	109	buprenorphine hcl FILM 150 MCG,		SOLN	13
bumetanide TABS	109	300 MCG, 450 MCG, 600 MCG, 750		butalbital-acetaminophen-caffeine	
BUMEX TABS 0.5 MG (Use		MCG, 900 MCG	20	TABS 40 MG-50 MG-325 MG	13
bumetanide)	109	buprenorphine hcl SOLN	20	butalbital-acetaminophen-caffeine w/	
BUPIVACAINE FISIOPHARMA		buprenorphine hcl SUBL	20	codeine 30 MG-40 MG-50 MG-300	
SOLN IJ	124	buprenorphine hcl-naloxone hcl		MG	18
bupivacaine hcl SOLN IJ	124	dihydrate FILM SL	20	butalbital-acetaminophen-caffeine w/	
BUPIVACAINE HCL SOLN XX ...	124	buprenorphine hcl-naloxone hcl		codeine 30 MG-40 MG-50 MG-325	
BUPIVACAINE		dihydrate SUBL 0.5 MG-2 MG	20	MG	18
HCL/DEXAMETHASONE SOD		buprenorphine hcl-naloxone hcl		butalbital-aspirin-caffeine CAPS ...	13
PHOSPHATE/EPINEPHRINE	78	dihydrate SUBL 2 MG-8 MG	20	butalbital-aspirin-caffeine w/cod ...	18
BUPIVACAINE HYDROCHLORIDE		buprenorphine PTWK	20	butorphanol tartrate IJ 1 MG/ML, 2	
		bupropion hcl (smoking deterrent)		MG/ML	20
		176			
		bupropion hcl TABS	34		

butorphanol tartrate NA 10 MG/ML 20	CAFFEINE CITRATED POWD 2	TABS 125 UNIT-500 MG, 200 UNIT- 200 UNIT-500 MG-500 MG, 200 UNIT-500 MG, 5 MCG-500 MG, 500 MG-5 MCG 146
BUTRANS PTWK (Use buprenorphine) 20	CALAN SR TBCR 120 MG (Use verapamil hcl) 70	
BYDUREON BCISE AUIJ 40	CALAN SR TBCR 180 MG, 240 MG (Use verapamil hcl) 70	calcium carbonate-vitamin d TABS 125 UNIT-250 MG, 250 MG-125 UNIT 146
BYETTA SOPN 10 MCG/0.04ML . 40	CALCIFOL 145	calcium carbonate-vitamin d TABS 600 MG-200 UNIT 146
BYETTA SOPN 5 MCG/0.02ML ... 40	calcipotriene & dressing 90	calcium chloride (dihydrate) SOLN 146
BYFAVO 121	calcipotriene CREA 90	CALCIUM CHLORIDE SOLN 146
BYLVAY (PELLETS) CPSP 114	calcipotriene FOAM 90	CALCIUM DISODIUM VERSENATE SOLN 1 GM/5ML 43
BYLVAY CAPS 114	CALCIPOTRIENE FOAM 90	calcium gluconate SOLN 146
BYSTOLIC (Use nebivolol hcl) 68	CALCIPOTRIENE MONOHYDRATE 75	CALCIUM GLUCONATE SOSY .. 146
BYSTOLIC 2.5 MG, 5 MG (Use nebivolol hcl) 68	calcipotriene OINT 90	CALCIUM GLUCONATE/SODIUMCHLORIDE SOLN 1 GM/100ML-0.8 %, 1 GM/100ML-0.9 %, 1 GM/50ML-0.675 %, 2 GM/100ML-0.9 % 146
CABENUVA 64	calcipotriene SOLN 90	calcium gluconate-sodium chloride SOLN 1 GM/50ML-0.675 % 146
cabergoline 111	calcipotriene-betamethasone dipropionate OINT 93	calcium polycarbophil TABS 122
CABTREO 84	calcipotriene-betamethasone dipropionate SUSP 93	CALCIUM-FOLIC ACID PLUS D 146
CADIRAMD 98	calcitonin (salmon) IJ 110	CALDOLOR SOLN 800 MG/8ML .. 10
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium) 73	calcitonin (salmon) NA 110	CALIFORNIA PEPPER TREE EXTRACT 4
CADUET 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-80 MG (Use amlodipine besylate- atorvastatin calcium) 73	calcitriol (topical) 90	CALSODORE 90
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate) 2	calcitriol CAPS 111	camphor & menthol LOTN 90
CAFERGOT TABS (Use ergotamine w/ caffeine) 144	calcitriol SOLN IV 111	CANASA SUPP (Use mesalamine) 114
caffeine & sodium benzoate 2	CALCIUM 600+D HIGH POTENCY TABS 145	candesartan cilexetil 50
caffeine citrate SOLN IV 60 MG/3ML 2	calcium acetate (phosphate binder) CAPS 115	candesartan cilexetil- hydrochlorothiazide 51
caffeine citrate SOLN OR 2	calcium carbonate (antacid) CHEW 500 MG 22	
	calcium carbonate-cholecalciferol TABS 10 MCG-600 MG, 200 UNIT- 600 MG, 400 UNIT-600 MG, 5 MCG- 600 MG 146	
	calcium carbonate-cholecalciferol	

CANDIDA ALBICANS ALLERGENIC EXTRACT IJ 1 :1000	4	carbamazepine SUSP	30	POTASSIUM/NON-ENRICHED ...	72
CANDIDA ALBICANS ID	104	carbamazepine TABS	30	CARDIOPLEGIA INDUCTION PLASMALYTE/HIGH POTASSIUM SOLN	72
CANDIDA ALBICANS SKIN TEST ANTIGEN IJ	104	carbamazepine TB12	30	CARDIOPLEGIA INDUCTION PLASMALYTE/TROMETHAMINE HIGH POTASSIU	72
CANDIN ID	104	carbamide peroxide (otic) 6.5 % ..	170	CARDIOPLEGIA MAINTENANCELOW DEXTROSE/LOW POTASSIUM ..	72
CANVAS DX DIAGNOSIS AID,AUTISM SPECTRUM DISORDER	107	CARBATROL CP12 (Use carbamazepine)	30	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
CAPEX SHAM	93	carbidopa	59	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
CAPHOSOL SOLN	152	carbidopa-levodopa TABS	59	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
CAPLYTA 10.5 MG, 21 MG	61	carbidopa-levodopa TBCR	60	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
capsaicin CREA 0.025 %, 0.075 %, 0.1 %	98	carbidopa-levodopa TBDP	60	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
captopril & hydrochlorothiazide 15 MG-25 MG, 15 MG-50 MG, 25 MG- 25 MG	51	carbidopa-levodopa-entacapone ..	59	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
captopril & hydrochlorothiazide 25 MG-50 MG	51	carbinoxamine maleate SOLN	46	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
captopril	50	carbinoxamine maleate SUER	46	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
CAPVAXIVE SOSY IM 0.5 ML ...	183	carbinoxamine maleate TABS 4 MG .	46	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
CAPZASIN-HP CREA (Use capsaicin)	98	CARBINOXAMINE MALEATE TABS .	46	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
CAPZASIN-P CREA	98	carboplatin SOLN 50 MG/5ML, 150 MG/15ML, 450 MG/45ML, 600 MG/60ML, 1000 MG/100ML	57	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
CARAC CREA (Use fluorouracil (topical))	90	carboprost tromethamine SOLN ..	170	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
CARAFATE SUSP (Use sucralfate) 181		CARBOPROST TROMETHAMINE SOSY	170	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
CARAFATE TABS (Use sucralfate) 181		CARDENE IV SOLN 0.83 %-40 MG/200ML, 0.86 %-20 MG/200ML, 4.8 %-20 MG/200ML	70	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
carbamazepine CHEW	30	CARDIOGEN-82	106	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
carbamazepine CP12 200 MG, 300 MG	30	CARDIOPLEGIA DEL NIDO FORMULA SOLN	72	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
carbamazepine CP12	30	CARDIOPLEGIA INDUCTION HIGH POTASSIUM	72	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
		CARDIOPLEGIA INDUCTION HIGH POTASSIUM/LOW DEXTROSE ..	72	CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
		CARDIOPLEGIA INDUCTION HIGH		CARDIOPLEGIA MAINTENANCELOW POTASSIUM ..	72
				CARDIZEM CD CP24 (Use diltiazem hcl coated beads)	70
				CARDIZEM CD CP24 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)	70
				CARDIZEM CD CP24 240 MG (Use diltiazem hcl coated beads)	70
				CARDIZEM LA TB24 (Use diltiazem hcl)	70
				CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	70
				CARDURA (Use doxazosin mesylate)	50

CARDURA 8 MG (Use doxazosin mesylate)	50	CPAPFILTERS MISC	139	MG/5ML	74
CARDURA XL	116	carglumic acid	111	cefaclor SUSR 250 MG/5ML	74
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/PREMIUM KIT	128	carisoprodol TABS	160	cefadroxil CAPS	74
CAREONE BLOOD GLUCOSE MONITORING SYSTEM/VALUE KIT 128		carisoprodol w/ aspirin & codeine 161		cefadroxil SUSR	74
CARESENS CONTROL SOLUTION A/B SOLN	128	carmustine	57	cefadroxil TABS	74
CARESENS N BLOOD GLUCOSEMONITORING SYSTEM DEVI	128	CARMUSTINE	57	cefazolin sodium SOLR IJ 1 GM, 2 GM, 3 GM, 10 GM, 500 MG	74
CARESENS N BLOOD GLUCOSETEST STRIPS STRP .	106	CARNITOR SF SOLN OR (Use levocarnitine (metabolic modifiers)) 111		CEFAZOLIN SODIUM SOLR IV 2 GM	74
CARESENS N FELIZ BT DEVI ...	128	CARNITOR SOLN OR 1 GM/10ML (Use levocarnitine (metabolic modifiers))	111	CEFAZOLIN SODIUM SOSY IJ 3 GM/30ML	74
CARESENS N FELIZ DEVI	128	CARNITOR TABS (Use levocarnitine (metabolic modifiers))	111	CEFAZOLIN SODIUM/DEXTROSE SOLR	74
CARESENS N GLUCOSE MONITORING SYSTEM DEVI ...	128	carteolol hcl (ophth)	164	CEFAZOLIN SODIUM/SODIUM CHLORIDE SOLN 0.9 %-3 GM/100ML	74
CARESENS N VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	128	carvedilol	68	CEFAZOLIN SOLN	74
CARETOUCH 2 CPAP HOSE HANGER MISC	139	carvedilol phosphate	68	CEFAZOLIN SOLR IV	74
CARETOUCH BLOOD GLUCOSE MONITORING SYSTEM KIT	128	carvedilol phosphate 10 MG, 80 MG .	68	CEFAZOLIN/SODIUM CHLORIDE SOLN 0.9 %-2 GM/100ML	74
CARETOUCH CPAP & BIPAP HOSE/6FT MISC	139	CASHEW NUT ALLERGENIC EXTRACT	104	cefdinir CAPS	74
CARETOUCH CPAP MASK WIPES MISC	139	CASODEX (Use bicalutamide) ...	58	cefdinir SUSR	74
CARETOUCH CPAP NEUTRALIZING PRE-WASH MISC 139		casprofungin acetate	44	cefepime hcl SOLR IJ 1 GM	75
CARETOUCH CPAP TUBE CLEANING BRUSH MISC	139	CASPOFUNGIN ACETATE	45	CEFEPIME HYDROCHLORIDE SOLR IV	75
CARETOUCH UNIVERSAL		CASTIVA WARMING LOTN	98	CEFEPIME SOLN	75
		CATHFLO ACTIVASE IJ	118	CEFEPIME/DEXTROSE	75
		CATTLE EPITHELIUM EXTRACT .	4	cefixime CAPS	74
		CAYA DPRH	126	cefixime SUSR	74
		CEDAR ELM EXTRACT	4	cefotaxime sodium IJ 1 GM, 2 GM	75
		cefaclor CAPS	74	CEFOTAXIME SODIUM IJ 1 GM, 2 GM	75
		CEFACLOR ER TB12	74	cefotetan disodium IJ 1 GM, 2 GM	74
		cefaclor SUSR 125 MG/5ML, 375			

CEFOXITIN SODIUM	74	CELEZA TABS 40 MG (Use citalopram hydrobromide)	35	CEREFOLIN NAC 600 MG-2 MG-6 MG-90.314 MG	108
cefoxitin sodium IV 1 GM, 2 GM ...	74	CELLCEPT CAPS (Use mycophenolate mofetil)	149	CEREZYME 400 UNIT	118
cefpodoxime proxetil SUSR	75	CELLCEPT SUSR (Use mycophenolate mofetil)	149	CERVICAL SPECIMEN COLLECTION/SWAB/CERVISOFT/F OAM TIP	106
cefpodoxime proxetil TABS	75	CELLCEPT TABS (Use mycophenolate mofetil)	149	CERVIDIL INST	170
cefprozil SUSR 125 MG/5ML	74	CELONTIN (Use methsuximide) ..	33	CETACAINE AERO	98
cefprozil SUSR 250 MG/5ML	74	CEM-UREA SOLN	97	cetirizine hcl CHEW 10 MG	46
cefprozil TABS	74	CENFOL TABS	119	cetirizine hcl SOLN OR 1 MG/ML .	46
ceftazidime IJ 1 GM, 6 GM	75	CENTANY AT KIT	87	cetirizine hcl SOLN OR 5 MG/5ML	46
CEFTAZIDIME/DEXTROSE	75	CENTANY OINT	87	cetirizine hcl SOLN OR	46
ceftriaxone sodium IJ 1 GM, 250 MG, 500 MG	75	CENTRATEX CAPS	119	cetirizine hcl SYRP OR	46
CEFTRIAZONE SODIUM IJ 100 GM 75		CENTRUM FLAVOR BURST KIDS CHEW	156	cetirizine hcl TABS	46
ceftriaxone sodium IJ 2 GM	75	CENTRUM KIDS CHEW	156	cetirizine-pseudoephedrine	81
ceftriaxone sodium in dextrose ...	75	CENTRUM PERFORMANCE TABS . 160		CETRAXAL (Use ciprofloxacin hcl (otic))	170
CEFTRIAZONE/DEXTROSE	75	CENTRUM SPECIALIST ENERGY TABS	160	cevimeline hcl	152
cefuroxime axetil TABS	74	cephalexin CAPS 250 MG, 500 MG 74		CHEMET	43
cefuroxime sodium IJ 750 MG	74	cephalexin CAPS 750 MG	74	CHEMSTRIP BG LOG BOOK MISC . 128	
CELEBRATE MULTI-COMPLETE18 CAPS	153	cephalexin SUSR	74	CHEMSTRIP-K STRP	106
CELEBRATE MULTI-COMPLETE36 CAPS	153	cephalexin TABS	74	CHICKEN MEAT ALLERGENIC EXTRACT	104
CELEBRATE MULTI-COMPLETE45 CAPS	153	CEQUA SOLN	166	CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	10
CELEBRATE MULTI-COMPLETE60 CAPS	153	CERACADE EMUL	100	CHILDRENS GUMMIES CHEW .	156
celecoxib	10	CERALYTE 70 SOLN	146	CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	10
CELERY ALLERGENIC EXTRACT 104		CERASPORT EX1 SOLN	146	chloramphenicol sodium succinate 54	
CELEZA TABS 10 MG (Use citalopram hydrobromide)	35	CERASPORT SOLN	146	chlordiazepoxide hcl CAPS	23
CELEZA TABS 20 MG (Use citalopram hydrobromide)	35	CERDELGA	118	chlordiazepoxide hcl-clidinium	
		CEREFOLIN	108		

bromide	180	cholestyramine PACK	48	ciprofloxacin hcl)	113
chlordiazepoxide-amitriptyline ...	174	cholestyramine POWD	48	CIPRODEX (Use ciprofloxacin-	
chlorhexidine gluconate (mouth-		choline fenofibrate	48	dexamethasone)	170
throat)	151	CHONDROITIN SULFATE	169	ciprofloxacin hcl (ophth) SOLN ...	165
CHLORHEXIDINE GLUCONATE		chromic chloride	148	ciprofloxacin hcl (ophth) SOLN ...	166
SOLN XX	64	CIALIS 2.5 MG, 5 MG (Use tadalafil) .		ciprofloxacin hcl (otic)	170
chlorprocaine hcl IJ	125	73		ciprofloxacin hcl TABS 100 MG ..	113
chloroquine phosphate TABS 250		CIBINQO	97	ciprofloxacin hcl TABS 250 MG, 500	
MG	56	CICLOPIROX	75	MG, 750 MG	113
chloroquine phosphate TABS 500		ciclopirox GEL	87	ciprofloxacin in d5w	113
MG	56	ciclopirox KIT	87	ciprofloxacin SUSR 5 GM/100ML,	
chlorothiazide sodium	109	ciclopirox olamine CREA	87	500 MG/5ML	113
chlorpheniramine maleate SYRP ..	46	ciclopirox olamine SUSP	87	ciprofloxacin-dexamethasone	170
chlorpromazine hcl CONC 30 MG/ML		ciclopirox SHAM	87	ciprofloxacin-fluocinolone acetonide .	
.....	63	ciclopirox SOLN	87	170	
chlorpromazine hcl SOLN	63	cidofovir	66	cisatracurium besylate SOLN	163
chlorpromazine hcl TABS 10 MG ..	63	CIFEREX CAPS	119	CITALOPRAM HYDROBROMIDE	
chlorpromazine hcl TABS 25 MG, 50		cilostazol	118	CAPS	35
MG, 100 MG, 200 MG	63	CILOXAN OINT	165	citalopram hydrobromide SOLN ...	35
chlorthalidone 25 MG, 50 MG	109	CIMDUO	64	citalopram hydrobromide TABS 10	
chlorzoxazone TABS 375 MG, 750		cimetidine hcl OR 300 MG/5ML ..	180	MG	35
MG	160	cimetidine TABS 200 MG, 400 MG		citalopram hydrobromide TABS 20	
chlorzoxazone TABS	160	181		MG	35
CHOICEFUL MULTIVITAMIN CAPS .		cimetidine TABS	181	CITICOLINE	75
153		CIMZIA KIT	114	CITRANATAL 90 DHA 120 MG-20	
cholecalciferol CAPS 1.25 MG, 1.25		CIMZIA PSKT	114	MG-1 MG-3 MG-400 UNIT-3.4 MG-	
MG, 50000 UNIT	188	CIMZIA STARTER KIT PSKT	114	20 MG-50 MG-25 MG-2 MG-159 MG-	
cholecalciferol CAPS 125 MCG, 5000		CINRYZE SOLR IV	117	90 MG-150 MCG-30 UNIT-0.75 MG-	
UNIT	188	CIPRO HC	170	300 MG	157
cholecalciferol CAPS 25 MCG, 50		CIPRO SUSR	113	CITRANATAL ASSURE	157
MCG, 1000 UNIT, 2000 UNIT	188	CIPRO TABS 250 MG, 500 MG (Use			
CHOLESTEROL & LIPID TEST .	106				
cholestyramine light PACK	48				
cholestyramine light POWD	48				

CITRANATAL DHA	157	CLEVER CHEK AUTO CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	128	BLOODGLUCOSE MONITORING SYSTEM DEVI	128
CITRANATAL HARMONY 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	158	CLEVER CHEK AUTO-CODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	128	CLEVER CHOICE TALK BLOODGLUCOSE MONITORING SYSTEM DEVI	128
CITRANATAL MEDLEY	158	CLEVER CHEK AUTO-CODE VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	128	CLIMARA PRO	112
CLADOSPORIUM SPHAEROSPERMUM IJ	4	CLEVER CHEK BLOOD GLUCOSE MONITORING SYSTEM KIT	128	CLIMARA PTWK (Use estradiol) .	112
CLARINEX TABS (Use desloratadine)	46	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/ADULT LARGE DEVI	139	CLINDACIN ETZ	84
CLARINEX-D 12 HOUR TB12	81	CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM DEVI	139	CLINDACIN PAC	84
clarithromycin SUSR 125 MG/5ML 126		CLEVER CHOICE ANTI-STATICVALVED HOLDING CHAMBER/MEDIUM/3 YEA DEVI	139	CLINDAGEL GEL (Use clindamycin phosphate (topical))	84
clarithromycin SUSR 250 MG/5ML 126		CLEVER CHOICE AUTO-CODE PRO BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	128	clindamycin hcl 150 MG, 300 MG .	55
clarithromycin TABS	126	CLEVER CHOICE COMFORT EZPATCH PTCH TD 20 %-4 %-1 % .	98	clindamycin hcl 75 MG	55
clarithromycin TB24	126	CLEVER CHOICE MICRO BLOODGLUCOSE MONITORING SYSTEM KIT	128	clindamycin palmitate hydrochloride .	55
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	81	CLEVER CHOICE MINI BLOODGLUCOSE MONITORING SYSTEM DEVI	128	clindamycin phosphate (topical) FOAM	84
clemastine fumarate TABS 1.34 MG .	46			clindamycin phosphate (topical) GEL	84
clemastine fumarate TABS 2.68 MG .	46			clindamycin phosphate (topical) LOTN	84
CLENIA PLUS SUSP	84			clindamycin phosphate (topical) SOLN	84
CLENPIQ SOLN	123			clindamycin phosphate (topical) SWAB	84
CLEOCIN (Use clindamycin hcl) ..	55			clindamycin phosphate in d5w	55
CLEOCIN CREA (Use clindamycin phosphate vaginal)	185			clindamycin phosphate SOLN IJ 9 GM/60ML, 300 MG/2ML, 600 MG/4ML, 900 MG/6ML, 9000 MG/60ML	55
CLEOCIN PEDIATRIC GRANULES (Use clindamycin palmitate hydrochloride)	55			clindamycin phosphate vaginal CREA	185
CLEOCIN PHOSPHATE SOLN IJ .	55			clindamycin phosphate-benzoyl peroxide (refrigerate)	84
CLEOCIN SUPP	185			clindamycin phosphate-benzoyl	
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	84				

peroxide GEL 5 %-1 %	84	CLOBEX LOTN 0.05 % (Use clobetasol propionate)	93	clozapine TABS 25 MG, 50 MG, 200 MG	62
clindamycin phosphate-benzoyl peroxide GEL	84	CLOBEX SHAM (Use clobetasol propionate)	93	clozapine TBDP	62
clindamycin phosphate-tretinoin	84	clocortolone pivalate	93	CLOZARIL TABS 100 MG (Use clozapine)	62
CLINDAVIX	84	CLODAN KIT	93	CLOZARIL TABS 25 MG, 50 MG, 200 MG (Use clozapine)	62
CLINDESSE	185	CLODERM (Use clocortolone pivalate)	93	C-NATE DHA CAPS	158
CLINIMIX 6/5	163	clofarabine	57	CO MONITOR DEVI	139
CLINIMIX 8/10	163	clomipramine hcl 25 MG, 50 MG	37	CO MONITOR REPLACEMENT TPIECES MISC	139
CLINIMIX 8/14	163	clomipramine hcl 75 MG	37	coal tar extract SHAM 0.5 %	102
CLINIMIX E 8/10	163	clonazepam TABS	29	coal tar extract SOLN	102
CLINIMIX E 8/14	163	clonazepam TBDP	29	COARTEM	55
CLINOIN	84	clonidine hcl (adhd) TB12	2	COBAS LIAT SARS-COV-2-ABASSAY	106
clobazam SUSP	29	clonidine hcl (analgesia) EP	14	COBAS LIAT SARS-COV-2-ABCONTROL	106
clobazam TABS	29	clonidine hcl TABS	50	COCAINE HYDROCHLORIDE	161
clobetasol propionate CREA 0.05 %	93	CLONIDINE HYDROCHLORIDE XX 14	14	COCKLEBUR EXTRACT	4
clobetasol propionate emollient base 0.05 %	93	clopidogrel bisulfate	118	COCONUT ALLERGENIC EXTRACT	105
clobetasol propionate emulsion	93	CLOPIDOGREL BISULFATE	75	codeine sulfate TABS 30 MG	14
clobetasol propionate FOAM	93	clorazepate dipotassium TABS	23	CODEINE SULFATE TABS	14
clobetasol propionate GEL 0.05 %	93	COLOROTEKAL IT	125	COENZYME Q-10 SOLN	7
clobetasol propionate LIQD	93	clotrimazole (topical) CREA	87	COLACE CAPS 100 MG (Use docusate sodium)	124
clobetasol propionate LOTN	93	clotrimazole (topical) SOLN	87	COLACE CLEAR CAPS (Use docusate sodium)	124
clobetasol propionate OINT 0.05 %	93	clotrimazole	151	COLAZAL CAPS (Use balsalazide disodium)	114
clobetasol propionate SHAM	93	clotrimazole vaginal CREA 1 %	185	colchicine CAPS	117
clobetasol propionate SOLN 0.05 %	93	clotrimazole vaginal CREA 2 %	185	colchicine TABS	117
CLOBETAVIX	93	clotrimazole w/ betamethasone CREA	87		
CLOBETEX	46	clotrimazole w/ betamethasone LOTN	87		
CLOBEX LIQD (Use clobetasol propionate)	93	clozapine TABS 100 MG	62		

colchicine w/ probenecid	117	COMMON SAGEBRUSH POLLEN EXTRACT IJ	4	GLUCOSE MONITORING SYSTEM DEVI	128
COLCRYS TABS (Use colchicine) 117		COMPACT SPACE CHAMBER/ANTI-STATIC DEVI ..	139	CONTOUR NEXT GEN BLOOD GLUCOSE MONITORING SYSTEM KIT	128
COLD & FLU RELIEF NIGHTTIME D LIQD	81	COMPACT SPACE CHAMBER/ANTI-STATIC/LARGE MASK DEVI	139	CONTOUR NEXT LINK 2.4 WIRELESS BLOOD GLUCOSE MONITORING SYST KIT	129
colesevelam hcl PACK	48	COMPACT SPACE CHAMBER/ANTI-STATIC/MEDIUM MASK DEVI	139	CONTOUR NEXT LINK BLOOD GLUCOSE MONITORING SYSTEM KIT	129
colesevelam hcl TABS	48	COMPACT SPACE CHAMBER/ANTI-STATIC/SMALL MASK DEVI	139	CONTOUR NEXT LINK WIRELESS BLOOD GLUCOSE MONITORING SY KIT	129
COLESTID FLAVORED GRAN (Use colestipol hcl)	48	COMPLERA	64	CONTOUR NEXT ONE BLOOD GLUCOSE MONITORING SYSTEM DEVI	129
COLESTID FLAVORED PACK (Use colestipol hcl)	48	COMPLETE NATAL DHA	158	CONTRAST ALLERGY PREMEDI- PACK	78
COLESTID GRAN (Use colestipol hcl)	48	COMTAN (Use entacapone)	59	CONVENIENCE PAK	175
COLESTID PACK (Use colestipol hcl)	48	CONCEPT DHA	158	CONZIP CP24 (Use tramadol hcl) .	14
COLESTID TABS (Use colestipol hcl)	48	CONCEPT OB	158	COOL BLOOD GLUCOSE MONITORING KIT KIT	129
colestipol hcl GRAN	48	CONCERTA TBCR 18 MG, 27 MG, 54 MG (Use methylphenidate hcl) ..	2	COOL BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	129
colestipol hcl PACK	48	CONCERTA TBCR 36 MG (Use methylphenidate hcl)	2	COPAXONE SOSY 20 MG/ML (Use glatiramer acetate)	175
colestipol hcl TABS	48	CONDYLOX GEL (Use podofilox) .	98	COPAXONE SOSY 40 MG/ML (Use glatiramer acetate)	175
colistimethate sodium	55	CONJUPRI (Use levamlodipine maleate)	70	CORDRAN CREA (Use flurandrenolide)	93
COLY-MYCIN M (Use colistimethate sodium)	55	CONTOUR BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	128	CORDRAN CREA	93
COMBIGAN (Use brimonidine tartrate-timolol maleate)	164	CONTOUR BLOOD GLUCOSE MONITORING SYSTEM KIT	128	CORDRAN LOTN (Use flurandrenolide)	93
COMBIPATCH PTTW	112	CONTOUR NEXT BLOOD GLUCOSE MONITORING SYSTEM KIT	128	CORDRAN OINT	93
COMBIVENT RESPIMAT AERS ..	27	CONTOUR NEXT EZ BLOOD GLUCOSE MONITORING SYSTEM KIT	128	CORDRAN TAPE	93
COMBIVIR (Use lamivudine- zidovudine)	64				
COMBOGESIC SOLN	10				
COMIRNATY 2023-24 SUSP	184				
COMIRNATY 2023-24 SUSY	184				
COMIRNATY SUSP	184				

COREG (Use carvedilol)	68	COSOPT PF (Use dorzolamide hcl-timolol maleate)	164	CVS DRY MOUTH SPRAY SOLN	152
COREG 25 MG (Use carvedilol) ...	68	COW MILK ALLERGENIC EXTRACT	105	CVS EYE HEALTH ADULT 50+ CAPS	153
COREG 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	68	COXANTO CAPS	10	CVS GUMMY DINOS CHEW	156
COREG CR (Use carvedilol phosphate)	68	COZAAR (Use losartan potassium) 50		CVS GUMMY DINOS CHILDRENS CHEW	156
CORETEXT SUSP 1 ML, 2 ML ...	102	CREAM BASE NIOSOMES	173	CVS GUMMY MULTIVITAMIN KIDS CHEW	156
CORGARD TABS 20 MG, 40 MG (Use nadolol)	69	CREAM-HEAVY BASE NIOSOME 173		CVS HAIR/SKIN/NAILS TABS ...	160
CORGARD TABS 80 MG (Use nadolol)	69	CREON CPEP	108	CVS IMMUNE SUPPORT CAPS .	153
CORLANOR TABS	73	CRESEMBA CAPS	45	CVS VISION HEALTH CAPS	153
CORLOPAM	53	CRESEMBA SOLR	45	cyanocobalamin SOLN IJ 1000 MCG/ML	118
CORN ALLERGENIC EXTRACT 105		CRESTOR TABS (Use rosuvastatin calcium)	49	CYANOCOBALAMIN SOLN IJ ...	118
CORN POLLEN EXTRACT	4	CRINONE GEL	186	cyanocobalamin-methylcobalamin SUBL	119
CORTANE-B	93	CROFAB	171	CYANOKIT	43
CORTEF TABS (Use hydrocortisone)	78	cromolyn sodium (mastocytosis)	113	cyclobenzaprine hcl CP24	160
CORTENEMA (Use hydrocortisone (intrarectal))	21	cromolyn sodium (nasal) 5.2 MG/ACT	162	cyclobenzaprine hcl TABS 5 MG, 10 MG	160
CORTIFOAM EX 10 %	21	cromolyn sodium (ophth)	169	cyclobenzaprine hcl TABS 7.5 MG 160	
CORTISONE ACETATE TABS	78	cromolyn sodium NEBU	24	CYCLOGYL (Use cyclopentolate hcl)	165
CORTISPORIN-TC	170	CROSCARMELLOSE SODIUM ...	75	.....	165
CORVITE 150 TABS	119	crotamiton LOTN	101	CYCLOGYL 0.5 %	165
CORVITE FE TABS	119	CUBICIN (Use daptomycin)	54	CYCLOGYL 2 %	165
COSELA	59	CUBICIN RF (Use daptomycin) ...	54	CYCLOMYDRIL	165
COSENTYX SENSOREADY PEN SOAJ	90	cupric chloride	148	cyclopentolate hcl 0.5 %, 1 %	165
COSENTYX SOSY	90	CUROSURF TR 120 MG/1.5ML, 240 MG/3ML	178	cyclopentolate hcl 2 %	165
COSMEGEN (Use dactinomycin) .	58	CVS ADULT 50+ EYE HEALTH CAPS	153	CYCLOPHENE RAPIDPAQ CREA 160	
COSOPT (Use dorzolamide hcl-timolol maleate)	164	CVS ADVANCED GLUCOSE METER KIT	129	cyclophosphamide CAPS	57

cyclophosphamide SOLR IJ	57	29	DAYPRO TABS (Use oxaprozin) ..	10	
cycloserine	56	dacarbazine SOLR	59	DAYTRANA PTCH (Use methylphenidate)	2
CYCLOSET	40	dactinomycin	58	DAYVIGO	122
cyclosporine (ophth) EMUL	166	DAILY MULTIPLE VITAMINS TABS .	155	DAZAVEIDAOXIA	101
cyclosporine CAPS	150	DALIRESP (Use roflumilast)	25	DAZOMON	101
cyclosporine modified (for microemulsion) CAPS	149	danazol CAPS	20	D-CARE GLUCOMETER KIT/GLUCOSE TEST STRIPS KIT	129
cyclosporine modified (for microemulsion) SOLN	150	DANTRIUM CAPS 25 MG (Use dantrolene sodium)	161	DDAVP TABS (Use desmopressin acetate)	111
cyclosporine SOLN IV 50 MG/ML	150	dantrolene sodium CAPS	161	DEBACTEROL	151
CYLTEZO AJKT	9	dantrolene sodium SOLR	161	DEBROX 6.5 % (Use carbamide peroxide (otic))	170
CYLTEZO PSKT	9	DANYELZA	57	DECUBI-VITE CAPS	153
CYLTEZO STARTER PACKAGE FOR CROHNS DISEASE/UC/HS AJKT	9	dapagliflozin propanediol	42	DEFENCATH	29
CYLTEZO STARTER PACKAGE FOR PSORIASIS AJKT	9	dapagliflozin propanediol-metformin hcl	38	deferasirox PACK	43
CYMBALTA CPEP (Use duloxetine hcl)	37	dapsone (topical)	84	deferasirox TABS	43
cyproheptadine hcl SYRP	47	dapsone (topical) 7.5 %	84	deferasirox TBSO	43
cyproheptadine hcl TABS	47	dapsone	55	deferiprone TABS	43
CYSTADROPS	169	DAPTACEL	180	deflazacort TABS 36 MG	78
CYSTO-CONRAY II UR	107	daptomycin	54	deflazacort TABS 6 MG, 18 MG, 30 MG	78
CYSTOGRAFIN UR	108	DAPTOMYCIN	54	DEFLUX METAL NEEDLE/23G X350MM	136
CYSTOGRAFIN-DILUTE UR	108	DAPTOMYCIN/SODIUM CHLORIDE	54	DEKAS PLUS CAPS	153
CYSVIEW	105	darifenacin hydrobromide	183	DEKAS PLUS OCEAN CAPS	153
CYTALUX	105	DARTISLA ODT TBDP	180	DELSTRIGO	64
CYTOMEL TABS (Use liothyronine sodium)	179	darunavir TABS 600 MG	64	DELSYM COUGH CHILDRENS SUER (Use dextromethorphan polistirex)	81
CYTOTEC (Use misoprostol)	182	darunavir TABS 800 MG	64	DELSYM SUER (Use dextromethorphan polistirex)	81
dabigatran etexilate mesylate CAPS 75 MG, 150 MG	29	DAVIMET/FLUORIDE CHEW	157		
dabigatran etexilate mesylate CAPS .		DAVIMET/IRON CHEW	153		
		DAVIMET-M CHEW	155		
		DAYHIST ALLERGY 12 HOUR RELIEF TABS	46		

DELZICOL CPDR (Use mesalamine) 114	SC	78	desipramine hcl TABS 25 MG	38	
demeclocycline hcl TABS	178	DERMACINRX CLORHEXACIN	100	desloratadine TABS	46
DEMEROL SOLN IJ	14	DERMACINRX DAVIMET CHEW 155		desloratadine TABS	47
DENAVIR (Use penciclovir)	92	DERMACINRX DOTREMINE TABS 119		desloratadine TBDP	47
DENGVAXIA	184	DERMACINRX FOLTAMIN TABS 119		desmopressin acetate spray	111
DENTA 5000 PLUS SENSITIVE PSTE	151	DERMACINRX LEXITRAL PHARMAPAK (Use diclofenac sodium-capsaicin (topical))	89	desmopressin acetate spray refrigerated	111
DEOXIATAR SOLN	84	DERMACINRX LEXITRAL PHARMAPAK II (Use diclofenac sodium-capsaicin (topical))	89	desmopressin acetate TABS	111
DEOXIAVAR CREA	84	DERMACINRX PHN PAK	98	desogestrel & ethinyl estradiol (biphasic)	76
DEPAKOTE ER TB24 250 MG (Use divalproex sodium)	33	DERMACINRX PRETRATE TABS 158		desogestrel-ethinyl estradiol (triphasic)	76
DEPAKOTE ER TB24 500 MG (Use divalproex sodium)	33	DERMACINRX SURGICAL COMBOPAK	100	desonide CREA	94
DEPAKOTE SPRINKLES CSDR (Use divalproex sodium)	33	DERMACINRX THERAZOLE PAK 87		desonide GEL	94
DEPAKOTE TBEC 125 MG (Use divalproex sodium)	33	DERMACINRX ZRM PAK	98	desonide LOTN	94
DEPAKOTE TBEC 250 MG (Use divalproex sodium)	33	DERMALID	99	desonide OINT	94
DEPAKOTE TBEC 500 MG (Use divalproex sodium)	33	DERMAREST PSORIASIS GEL	98	DESOWEN CREA (Use desonide)	94
DEPEN TITRATABS TABS (Use penicillamine)	149	DERMA-SMOOTH/FS BODY OIL (Use fluocinolone acetonide)	94	desoximetasone CREA 0.05 %	94
DEPO-ESTRADIOL	112	DERMA-SMOOTH/FS SCALP OIL (Use fluocinolone acetonide)	94	desoximetasone CREA 0.25 %	94
DEPO-MEDROL SUSP	78	DERMETAZOLE	87	desoximetasone CREA	94
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use medroxyprogesterone acetate (contraceptive))	77	DERMOTIC (Use fluocinolone acetonide (otic))	170	desoximetasone GEL	94
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use medroxyprogesterone acetate (contraceptive))	78	DESCOVY	64	desoximetasone LIQD	94
DEPO-SUBQ PROVERA 104 SUSY		desflurane	115	desoximetasone OINT	94
		desipramine hcl TABS 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	38	DESOXYN (Use methamphetamine hcl)	1
				DESVENLAFAXINE ER	37
				DESVENLAFAXINE ER 100 MG	37
				desvenlafaxine succinate	37
				DETECTNET	106
				DETROL LA CP24 (Use tolterodine tartrate)	183

DETROL TABS (Use tolterodine tartrate)	183	DEXAMETHASONE/MOXIFLOXACIN/KETOROLAC	167	dextroamphetamine sulfate TABS 15 MG, 20 MG, 30 MG	1
DETROL TABS 1 MG (Use tolterodine tartrate)	183	DEXATLAN CAPS	153	dextroamphetamine sulfate TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	1
DEXABLISS TBPK	78	dexchlorpheniramine maleate SOLN	46	dextroamphetamine sulfate TABS 5 MG, 10 MG	1
DEXAMETHASONE (LA) SUSP 16 MG/ML	78	DEXEDRINE CP24 10 MG, 15 MG (Use dextroamphetamine sulfate)	1	dextromethorphan hbr LIQD 7.5 MG/5ML	81
DEXAMETHASONE ACETATE/DEXAMETHASONE PHOSPHATE	78	DEXILANT (Use dexlansoprazole)	181	dextromethorphan polistirex LQCR	81
dexamethasone ELIX	79	dexlansoprazole	181	dextromethorphan polistirex SUER	81
DEXAMETHASONE INTENSOL CONC	78	DEXLIDO KIT	79	dextromethorphan-doxyamine-acetaminophen LIQD	81
dexamethasone sodium phosphate (ophth)	167	DEXLIDO-M	79	dextromethorphan-guaifenesin LIQD 100 MG/5ML-10 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML	81
DEXAMETHASONE SODIUM PHOSPHATE +RFID SOSY IJ 4 MG/ML	78	dexmedetomidine hcl in sodium chloride SOLN	121	dextromethorphan-guaifenesin LIQD 100 MG/5ML-5 MG/5ML, 200 MG/5ML-200 MG/5ML-30 MG/5ML-30 MG/5ML, 200 MG/5ML-30 MG/5ML, 400 MG/20ML-20 MG/20ML	81
dexamethasone sodium phosphate SOLN IJ 10 MG/ML, 100 MG/10ML	78	dexmedetomidine hcl SOLN	121	dextromethorphan-guaifenesin SYRP 100 MG/5ML-10 MG/5ML, 100 MG/5ML-100 MG/5ML-10 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML	81
DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 10 MG/ML	79	DEXMEDETOMIDINE HYDROCHLORIDE/DEXTROSE MONOHYDRATE	121	dextromethorphan-guaifenesin TB12 600 MG-30 MG	81
dexamethasone sodium phosphate SOLN IJ 4 MG/ML, 20 MG/5ML, 120 MG/30ML	78	DEXMEDETOMIDINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY	121	dextromethorphan-phenylephrine-acetaminophen CAPS	82
dexamethasone sodium phosphate SOSY IJ 4 MG/ML	79	dexmethylphenidate hcl CP24	2	DEXTROSE 5%/ELECTROLYTE #48 VIAFLEX	146
DEXAMETHASONE SODIUM PHOSPHATE/SODIUM CHLORIDE 6 MG/25ML-0.9 %	78	dexmethylphenidate hcl TABS	2	DEXTROSE 10%/SODIUM CHLORIDE 0.2%	146
dexamethasone SOLN	79	dexmethylphenidate hcl TABS	3		
dexamethasone TABS	79	DEXONTO 0.4% SOLN PH	79		
dexamethasone TBPK	79	dextran 40 in d5w	117		
DEXAMETHASONE/MOXIFLOXACIN HCL	167	dextran 40 in saline	117		
		dextroamphetamine sulfate CP24 10 MG, 15 MG	1		
		dextroamphetamine sulfate CP24 5 MG	1		
		dextroamphetamine sulfate SOLN	1		

dextrose in lactated ringers	146	GLUCOSEMONITORING SYSTEM/BLUETOOTH DEVI	129	diclofenac sodium TB24	10
dextrose w/ sodium chloride 0.45 %-2.5 %, 0.9 %-5 %, 10 %-0.45 %, 5 %-0.2 %, 5 %-0.225 %, 5 %-0.3 %, 5 %-0.33 %, 5 %-0.45 %, 5 %-0.9 %	146	DIATRUE PLUS BLOOD GLUCOSE MONITORING SYSTEM DEVI	129	diclofenac sodium TBEC 50 MG, 75 MG	10
DEXYCU SUSP IO	167	diazepam (anticonvulsant) GEL	29	diclofenac sodium TBEC	10
DFS DR/MS/MENTH/CAP PAK	10	diazepam CONC	23	diclofenac sodium-capsaicin (topical)	89
DFS/MS/MENTH/CAP PAK	89	DIAZEPAM SOAJ	23	diclofenac sodium-capsaicin	10
DHIVY TABS	60	diazepam SOLN IJ 5 MG/ML, 10 MG/2ML, 50 MG/10ML	23	diclofenac w/ misoprostol TBEC	11
DHS TAR GEL SHAM (Use coal tar extract)	102	DIAZEPAM SOLN IJ 5 MG/ML	23	DICLOFONO GEL EX	89
DHS TAR SHAM (Use coal tar extract)	102	diazepam SOLN OR 5 MG/5ML	23	DICLONA GEL	89
DIACOMIT CAPS 250 MG	30	diazepam TABS	23	DICLONA+ PTCH	89
DIACOMIT CAPS 500 MG	30	diazoxide	39	DICLOSTREAM	89
DIACOMIT PACK 250 MG	30	dibucaine	99	DICLOVIX	89
DIACOMIT PACK 500 MG	30	dichlorphenamide	109	dicloxacillin sodium	172
DIADIMAXIA CREA	84	DICLAREAL	89	DICOPANOL FUSEPAQ SUSR	46
DIALYVITE 3000	152	DICLEGIS TBEC (Use doxylamine-pyridoxine)	44	DICOPANOL RAPIDPAQ SUSR	46
DIALYVITE 5000	152	DICLOFENAC CAPS	11	dicyclomine hcl CAPS	180
DIALYVITE/ZINC	152	diclofenac epolamine PTCH EX	89	dicyclomine hcl SOLN IM	180
DIAOXIA CREA	84	diclofenac potassium (migraine)	144	dicyclomine hcl SOLN OR	180
DIASAXIATAR CREA	84	diclofenac potassium CAPS	10	dicyclomine hcl TABS	180
DIASAXIATAR GEL	84	diclofenac potassium TABS	10	DIFFERIN CREA (Use adapalene)	84
DIASDIMAXIA CREA	84	diclofenac sodium & adhesive sheets	89	DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)	84
DIASOXIA CREA	84	diclofenac sodium (actinic keratoses) EX	90	DIFFERIN GEL (Use adapalene)	84
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	29	diclofenac sodium (ophth)	169	DIFFERIN LOTN	84
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	29	diclofenac sodium (topical) GEL EX	89	DIFICID SUSR	126
DIATHRIVE BLOOD GLUCOSE METER DEVI	129	diclofenac sodium (topical) SOLN EX 1.5 %	89	DIFICID TABS	126
DIATHRIVE+ BLOOD		diclofenac sodium (topical) SOLN EX		diflorasone diacetate CREA	94

DIFLUCAN SUSR 10 MG/ML (Use fluconazole)	45	hydromorphone hcl)	14	DIOVAN HCT (Use valsartan-hydrochlorothiazide)	52
DIFLUCAN SUSR 40 MG/ML (Use fluconazole)	45	DILAUDID TABS 8 MG (Use hydromorphone hcl)	14	DIOVAN TABS (Use valsartan) ...	50
DIFLUCAN TABS 100 MG, 200 MG (Use fluconazole)	45	diltiazem hcl coated beads CP24 120 MG, 180 MG, 240 MG, 300 MG ...	70	DIPENTUM	114
DIFLUCAN TABS 150 MG (Use fluconazole)	45	diltiazem hcl coated beads CP24 ..	70	diphenhydramine hcl (sleep) TABS 25 MG	121
DIFLUCAN TABS 50 MG (Use fluconazole)	45	diltiazem hcl CP12	70	diphenhydramine hcl (sleep) TABS 50 MG	121
diflunisal TABS	14	diltiazem hcl CP24 120 MG, 180 MG 70		diphenhydramine hcl CAPS	46
difluprednate	167	diltiazem hcl CP24 240 MG	70	diphenhydramine hcl ELIX 12.5 MG/5ML	46
DIGIFAB	43	diltiazem hcl extended release beads	70	diphenhydramine hcl SOLN 50 MG/ML	46
digoxin SOLN IJ 0.25 MG/ML	71	diltiazem hcl SOLN	70	diphenhydramine hcl TABS 25 MG 46	
digoxin SOLN OR 0.05 MG/ML	71	DILTIAZEM HCL SOLR	70	diphenoxylate w/ atropine LIQD ...	42
digoxin TABS 0.0625 MG, 62.5 MCG 71		diltiazem hcl TABS	70	diphenoxylate w/ atropine TABS ...	42
digoxin TABS 0.125 MG, 0.25 MG, 125 MCG, 250 MCG	71	diltiazem hcl TB24	70	DIPHThERIA/TETANUS TOXOIDS ADSORBED PEDIATRIC SUSP .	180
DIHYDROERGOTAMINE MESYLATE CRYSTALS	144	DILTIAZEM HYDROCHLORIDE/DEXTROSE 5 %-125 MG/125ML	70	DIPROLENE OINT (Use betamethasone dipropionate augmented)	94
DIHYDROERGOTAMINE MESYLATE POWD	144	DILTIAZEM HYDROCHLORIDE/SODIUM CHLORIDE 0.9 %-125 MG/125ML	70	dipyridamole	118
DILANTIN (Use phenytoin sodium extended)	33	DILUENT FOR JEVTANA	172	disopyramide phosphate CAPS ...	24
DILANTIN	33	DIMENHYDRINATE SOLN	44	DISPOSABLE MOUTHPIECE FULL RANGE MISC	139
DILANTIN INFATABS CHEW (Use phenytoin)	33	DIMENTHO	89	DISPOSABLE MOUTHPIECE LOWRANGE/PEDIATRIC MISC .	139
DILANTIN-125 SUSP (Use phenytoin)	33	DIMERCAPTOSUCCINIC ACID CRYSTALS	76	DISPOSABLE MOUTHPIECE/LOW RANGE MISC	139
DILAUDID LIQD (Use hydromorphone hcl)	14	dimethyl fumarate CDPK	175	DISPOSABLE MOUTHPIECE/UNIVERSAL RANGE MISC	139
DILAUDID TABS 2 MG (Use hydromorphone hcl)	14	dimethyl fumarate CPDR 240 MG 175		DISPOSABLE PAPER MOUTHPIECE MISC	139
DILAUDID TABS 4 MG (Use hydromorphone hcl)	14	dimethyl fumarate CPDR	175		
		DIOOXIA	90		

disulfiram 250 MG	173	donepezil hydrochloride TABS 23 MG	173	doxepin hcl CONC	38
disulfiram 500 MG	173	donepezil hydrochloride TABS 5 MG, 10 MG	173	doxercalciferol CAPS	111
DITROPAN XL TB24 10 MG (Use oxybutynin chloride)	183	donepezil hydrochloride TBDP ...	173	doxercalciferol SOLN	111
DITROPAN XL TB24 5 MG (Use oxybutynin chloride)	183	dopamine hcl 40 MG/ML	72	doxorubicin hcl liposomal	58
DIURIL SUSP	110	DOPAMINE HYDROCHLORIDE/DEXTROSE .	72	doxorubicin hcl SOLN	58
divalproex sodium CSDR	33	DOPAMINE/D5W	72	doxorubicin hcl SOLR 10 MG, 50 MG	58
divalproex sodium TB24 250 MG ..	33	DOPRAM	2	doxycycline (monohydrate) CAPS 50 MG, 75 MG, 100 MG	178
divalproex sodium TB24 500 MG ..	33	DORAL (Use quazepam)	121	doxycycline (monohydrate) CAPS 178	
divalproex sodium TBEC 125 MG .	34	DORYX MPC TBEC	178	doxycycline (monohydrate) SUSR 178	
divalproex sodium TBEC 250 MG .	34	DORYX TBEC 50 MG, 80 MG, 200 MG (Use doxycycline hyclate) ...	178	doxycycline (monohydrate) TABS 75 MG, 100 MG, 150 MG	178
divalproex sodium TBEC 500 MG .	34	doxycycline hcl	169	doxycycline (monohydrate) TABS 178	
DMT SUIK	79	DORZOLAMIDE HCL	169	doxycycline (rosacea)	101
dobutamine hcl 12.5 MG/ML, 250 MG/20ML	71	DORZOLAMIDE HCL/TIMOLOL MALEATE	164	doxycycline hyclate CAPS	178
DOBUTAMINE HCL/D5W	72	doxycycline hcl-timolol maleate .	164	doxycycline hyclate SOLR	178
DOBUTAMINE HYDROCHLORIDE/DEXTROSE 5%	72	doxycycline hcl-timolol maleate 0.5 %-2 %	164	doxycycline hyclate TABS 20 MG, 50 MG, 100 MG	178
DOCK-SORREL POLLEN MIX EXTRACT IJ	4	doxycycline hcl-timolol maleate 6.8 MG/ML-22.3 MG/ML	164	doxycycline hyclate TABS	178
docusate sodium CAPS 100 MG, 250 MG	124	DOUBLE PM SOLR	167	doxycycline hyclate TBEC 150 MG 178	
docusate sodium CAPS 50 MG ..	124	DOUBLEDEX KIT	79	doxycycline hyclate TBEC	178
docusate sodium LIQD	124	DOVATO	64	doxylamine succinate (sleep)	121
docusate sodium SYRP	124	DOVONEX CREA (Use calcipotriene)	90	doxylamine-pyridoxine TBEC	44
DOCUSATE SODIUM SYRP	124	doxazosin mesylate	50	DRAMAMINE CHEW	44
docusate sodium TABS	124	doxazosin mesylate	51	DRISDOL CAPS (Use ergocalciferol) 188	
dofetilide	24	doxepin hcl (antipruritic)	90	dronabinol CAPS	44
DOG EPITHELIUM EXTRACT	4	doxepin hcl (sleep)	121	droperidol SOLN 2.5 MG/ML	23
DOG FENNEL EXTRACT	4	doxepin hcl CAPS	38		

DROPERIDOL/SODIUM CHLORIDE SOSY	23	duloxetine hcl CPEP 40 MG	37	DYURAL-LM	79
drosiprenone-ethinyl estradiol 0.02 MG-3 MG	76	DULOXICAINE	174	E.E.S. GRANULES SUSR (Use erythromycin ethylsuccinate)	126
drosiprenone-ethinyl estradiol 0.03 MG-3 MG	76	DUODOTE	43	EASIVENT MISC	139
drosiprenone-ethinyl estradiol-levomefolate calcium	76	DUOPA SUSP	60	EASIVENT/MASK-LARGE MISC	139
DROXIA CAPS	118	DUOVISC	168	EASIVENT/MASK-MEDIUM MISC	139
DRYSOL SOLN	100	DURLAZA	118	EASIVENT/MASK-SMALL MISC	139
DSUVIA SUBL	14	dutasteride	116	EASTERN COTTONWOOD EXTRACT SC	4
DSUVIA SUBL	15	dutasteride-tamsulosin hcl	116	EASTERN COTTONWOOD POLLENEXTRACT	105
DUAL COMPLEX FORMULA 1 KIT 89	89	DUTOPROL TB24 12.5 MG-50 MG 52	52	EASY COMFORT SAFETY PEN NEEDLES 31GX5MM	136
DUAVEE	112	DUVYZAT	163	EASY COMFORT SAFETY PEN NEEDLES 32GX4MM	136
DUET DHA 400 MISC	158	DX1 ORAGENOMIC MEDICATEDDNA COLLECTION SCREEN	106	EASY FLOW 300 MM HOSE MISC	139
DUET DHA BALANCED MISC 120 MG-50 MG-15 MG-1 MG-640 UNIT-12 MCG-2 MG-55 MG-20 MG-215 MG-1.5 MG-25 MG-25 MG-1.8 MG-2800 UNIT-25 MG-210 MCG-65 MCG-267 MG	158	DX2 ORAGENOMIC MEDICATEDDNA COLLECTION SCREEN	106	EASY FLOW 400 MM HOSE MISC	140
DUETACT (Use pioglitazone hcl-glimepiride)	38	DXEVO 11-DAY TBPK	79	EASY FLOW AIR NOZZLE MISC	140
DUEXIS (Use ibuprofen-famotidine)	11	DYANAVEL XR CHER	1	EASY FLOW BLACK/BLUE DEVI	140
DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	124	DYANAVEL XR SUER	1	EASY FLOW BLACK/ORANGE DEVI	140
DULCOLAX SUPP (Use bisacodyl)	124	DYMISTA SUSP (Use azelastine hcl-fluticasone propionate)	161	EASY FLOW BLACK/RED DEVI	140
DULCOLAX TBEC (Use bisacodyl)	124	DYNAGINATE AG SILVER CALCIUM ALGINATE DRESSINGS PADS	102	EASY FLOW BLACK/WHITE DEVI	140
DULERA	27	DYNAGINATE AG SILVER CALCIUM ALGINATE ROPE DRESSING MISC	102	EASY FLOW BLACK/YELLOW DEVI	140
duloxetine hcl CPEP 20 MG, 30 MG, 60 MG	37	DYSPORT	163	EASY FLOW HEPA FILTER MISC	140
		DYURAL 80-LM	79	EASY FLOW WHITE/BLUE DEVI	140
		DYURAL-40	79		
		DYURAL-80	79		
		DYURAL-L KIT	79		

EASY FLOW WHITE/GREEN DEVI 140	MONITORING SYSTEM KIT .....129	EDETATE CALCIUM DISODIUM SOLN 43
EASY FLOW WHITE/PINK DEVI .140	EASYPRO PLUS KIT .....129	EDLUAR SUBL .....121
EASY FLOW WHITE/WHITE DEVI 140	EBASE CONTROLLER KIT MISC 140	EDURANT .....64
EASY FLOW WHITE/YELLOW DEVI 140	EB-N3 DR CPDR .....152	efavirenz CAPS 200 MG .....64
EASY MAX BLOOD GLUCOSE TEST STRIP STRP .....106	EC- RX DHEA 4% CREA 7	efavirenz CAPS 50 MG 64
EASY MAX T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT 129	EC-NAPROSYN TBEC (Use naproxen) 11	efavirenz TABS 64
EASY PLUS II BLOOD GLUCOSE MONITORING SYSTEM DEVI ... 129	econazole nitrate CREA 87	efavirenz-emtricitabine-tenofovir disoproxil fumarate .....64
EASY STEP BLOOD GLUCOSE MONITOR DEVI 129	ECOTRIN ARTHRITIS PAIN TBEC (Use aspirin) .....14	efavirenz-lamivudine-tenofovir disoproxil fumarate 64
EASY TALK BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI 129	ECOTRIN REGULAR STRENGTH TBEC (Use aspirin) 14	EFFER-K .....148
EASY TOUCH GLUCOSE MONITORING SYSTEM KIT .....129	ECOTRIN TBEC (Use aspirin) ....14	EFFEXOR XR CP24 150 MG (Use venlafaxine hcl) 37
EASY TOUCH HEALTHPRO GLUCOSE MONITORING SYSTEM KIT .....129	ECOZA FOAM .....87	EFFEXOR XR CP24 37.5 MG (Use venlafaxine hcl) 37
EASY TRAK BLOOD GLUCOSE MONITORING SYSTEM DEVI ... 129	EC-RX DHEA 10% CREA .....7	EFFEXOR XR CP24 75 MG (Use venlafaxine hcl) 37
EASY TRAK II BLOOD GLUCOSE MONITORING SYSTEM DEVI ... 129	EC-RX ESTRADIOL 0.4% CREA 112	EFFIENT (Use prasugrel hcl) ....118
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI 129	EC-RX ESTRADIOL 0.6% CREA 112	EFLORNITHINE HYDROCHLORIDE MONOHYDRATE 75
EASYMAX NG SELF-MONITORING BLOOD GLUCOSE SYSTEM KIT 129	EC-RX PROGESTERONE 10% CREA .....173	EFUDEX CREA (Use fluorouracil (topical)) .....90
EASYMAX V BLOOD GLUCOSE SYSTEM DEVI .....129	EC-RX PROGESTERONE 20% CREA .....173	EGATEN 22
EASYPRO BLOOD GLUCOSE	EC-RX TESTOSTERONE 0.2% CREA 20	EGRIFTA 2 MG .....110
	EC-RX TESTOSTERONE 0.4% CREA .....20	EGRIFTA SV .....110
	EC-RX TESTOSTERONE 10% CREA .....21	electrolyte-148 146
	ED BRON GP LIQD .....82	electrolyte-a .....146
	EDARBI .....50	ELEMAR PATCH KIT .....99
	EDARBYCLOR .....52	ELEMENT AUTOCODE SYSTEM KIT 129
		ELEMENT COMPACT BLOOD GLUCOSE MONITORING SYSTEM DEVI 129

ELEMENT COMPACT V	130	enalapril maleate & hydrochlorothiazide 12.5 MG-5 MG	52
BLOODGLUCOSE MONITORING SYSTEM DEVI	129	enalapril maleate & hydrochlorothiazide 25 MG-10 MG	52
ELEMENT PLUS BLOOD GLUCOSE METER DEVI	129	enalapril maleate SOLN	50
ELEPSIA XR TB24	30	enalapril maleate TABS	50
ELESTRIN GEL	112	enalaprilat	50
eletriptan hydrobromide	144	ENBRACE HR	158
ELFOLATE PLUS TABS	108	ENBREL MINI SOCT	13
ELIDEL (Use pimecrolimus)	98	ENBREL SOLN	13
ELIQUIS STARTER PACK TBP	28	ENBREL SOLR	13
ELIQUIS TABS	28	ENBREL SOSY	13
ELITEK	59	ENBREL SURECLICK SOAJ	13
ELLA	77	ENFAMIL ENFALYTE SOLN	146
ELLIOTTS B	146	ENGERIX-B SUSP 20 MCG/ML	184
ELMIRON CAPS	116	ENGERIX-B SUSY	184
ELON MATRIX 5000 TABS	160	ENGLISH PLANTAIN POLLEN EXTRACT IJ	4
ELON MATRIX PLUS TABS	160	ENGLISH WALNUT ALLERGENIC EXTRACT	105
ELON MATRIX 5000 COMPLETE TABS	160	ENHERTU	57
ELON MATRIX COMPLETE TABS 160		ENOVARX-BACLOFEN	86
ELON R3 TABS	160	ENOVARX-CYCLOBENZAPRINE HCL CREA	160
ELUCIREM	107	ENOVARX-DICLOFENAC SODIUM CREA	89
ELYXYB	144	ENOVARX-IBUPROFEN	89
ELZONRIS	59	ENOVARX-LIDOCAINE HCL CREA	99
EMBRACE BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	129	ENOVARX-NAPROXEN	89
EMBRACE EVO BLOOD GLUCOSE MONITORING KIT KIT	130	ENOVARX-TRAMADOL	86
EMBRACE EVO COMPACT BLOODGLUCOSE MONITOR DEVI		enoxaparin sodium SOLN IJ	300
EMBRACE PRO BLOOD GLUCOSE METER DEVI	130		
EMBRACE SEIZURE MONITORING SYSTEM	136		
EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	130		
EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	130		
EMBRACE WAVE BLOOD GLUCOSE METER DEVI	130		
EMBRACE WAVE BLOOD GLUCOSE TEST STRIPS STRP	106		
EMEND CAPS 80 MG (Use aprepitant)	44		
EMEND SUSR	44		
EMEND TRIPACK CAPS (Use aprepitant)	44		
EMERPHED SOSY IV	187		
EMFLAZA SUSP	79		
EMGALITY SOSY 100 MG/ML	144		
EMREAL	99		
EMSAM	35		
emtricitabine CAPS	64		
emtricitabine-tenofovir disoproxil fumarate 100 MG-150 MG, 133 MG- 200 MG, 167 MG-250 MG	64		
emtricitabine-tenofovir disoproxil fumarate 200 MG-300 MG	64		
EMTRIVA CAPS (Use emtricitabine)	65		
EMTRIVA SOLN	65		
EMULSION SB EMUL	100		
EMVERM CHEW	22		

MG/3ML	28	benzoyl peroxide)	84	EPINEPHRINESNAP-V KIT	187
enoxaparin sodium SOSY	28	EPIFOAM FOAM	94	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	187
ENSPRYNG	150	epinastine hcl (ophth)	169	EPISNAP KIT	187
ENSTILAR FOAM	94	epinephrine (anaphylaxis) SOAJ 0.15 MG/0.15ML	186	EPIVIR HBV SOLN	67
entacapone	59	epinephrine (anaphylaxis) SOAJ ..	186	EPIVIR HBV TABS (Use lamivudine (hbv))	67
ENTADFI	116	epinephrine (anaphylaxis) SOLN ..	186	EPIVIR SOLN (Use lamivudine) ...	65
entecavir TABS	66	epinephrine hcl (nasal)	162	EPIVIR TABS 150 MG (Use lamivudine)	65
ENTEREG (Use alvimopan)	115	EPINEPHRINE HYDROCHLORIDE/DEXTROSE SOLN 4 MG/250ML-5 %, 5 MG/250ML-5 %	187	EPIVIR TABS 300 MG (Use lamivudine)	65
ENTRESTO	73	EPINEPHRINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 4 MG/250ML-0.9 %, 8 MG/250ML-0.9 %	187	eplerenone	53
ENTTY SPRAY EMUL	100	EPINEPHRINE PROFESSIONAL KIT	187	EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	119
ENTYVIO SOPN	114	EPINEPHRINE SOLN IJ	187	EPRONTIA SOLN	30
ENVARBUS XR TB24	150	EPINEPHRINE SOSY IJ 0.2 MG/0.2ML, 1 MG/10ML, 1 MG/ML 187		eptifibatide	118
EOHILIA SUSP	79	epinephrine SOSY IJ	187	EPZICOM (Use abacavir sulfate- lamivudine)	65
EPANED SOLN (Use enalapril maleate)	50	EPINEPHRINE/DEXTROSE SOLN 187		EQ MULTIVITAMIN GUMMIES CHILDRENS CHEW	156
EPCLUSA TABS 50 MG-200 MG ..	66	EPINEPHRINE/DEXTROSE SOSY 187		EQ MULTIVITAMINS CHILDRENS GUMMY CHEW	156
ephedrine sulfate (pressors) SOLN IV	187	EPINEPHRINE/SODIUM CHLORIDE SOLN 2 MG/250ML-0.9 %, 4 MG/250ML-0.9 %, 8 MG/250ML-0.9 %	187	EQ SPACE CHAMBER ANTI- STATIC DEVI	140
EPHEDRINE SULFATE SOLN IV 50 MG/ML	187	EPINEPHRINE/SODIUM CHLORIDE SOSY	187	EQ SPACE CHAMBER ANTI- STATIC/LARGE MASK DEVI	140
EPHEDRINE SULFATE SOSY IV 25 MG/5ML	187	EPINEPHRINESNAP KIT	187	EQ SPACE CHAMBER ANTI- STATIC/MEDIUM MASK DEVI ..	140
EPHEDRINE SULFATE/SODIUMCHLORIDE 10 MG/ML-0.9 %, 100 MG/10ML-0.9 %, 25 MG/5ML-0.9 %, 50 MG/10ML-0.9 %, 50 MG/5ML-0.9 %	187	EPINEPHRINESNAP-EMS KIT ..	187	EQ SPACE CHAMBER ANTI- STATIC/SMALL MASK DEVI	140
EPICERAM EMUL	100			EQL DRY MOUTH ORAL RINSE SOLN	152
EPICYN SOLN	100			EQL GUMMIES CHILDRENS CHEW ..	
EPIDIOLEX	30				
EPIDUO FORTE GEL (Use adapalene-benzoyl peroxide)	84				
EPIDUO GEL (Use adapalene-					

156	500 MG	126	esomeprazole magnesium CPDR	181
EQUALYTE SOLN (Use oral electrolytes)	erythromycin base TBEC	126	esomeprazole magnesium PACK	181
EQUETRO	erythromycin ethylsuccinate SUSR	126	esomeprazole sodium 40 MG	181
ERAXIS	erythromycin ethylsuccinate TABS	126	estazolam	121
ergocalciferol CAPS	erythromycin lactobionate 500 MG	126	ESTRACE CREA (Use estradiol vaginal)	186
ergocalciferol SOLN OR 8000 UNIT/ML	erythromycin stearate TABS 250 MG	126	ESTRACE TABS (Use estradiol) .	112
ergoloid mesylates TABS	ESBRIET CAPS (Use pirfenidone)	177	estradiol & norethindrone acetate TABS	112
ERGOMAR SUBL	ESBRIET TABS (Use pirfenidone)	177	estradiol GEL 0.06 %, 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM	112
ERGOTAMINE TARTRATE POWD	ESCITALOPRAM OXALATE	75	estradiol HEMIHYDRATE	75
144	escitalopram oxalate SOLN	35	estradiol PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR	112
ergotamine w/ caffeine SUPP	escitalopram oxalate TABS 10 MG	35	estradiol PTTW 0.0375 MG/24HR	112
ergotamine w/ caffeine TABS	escitalopram oxalate TABS 20 MG	35	estradiol PTWK	112
ERLEADA	escitalopram oxalate TABS 5 MG .	35	estradiol TABS	112
ERLOTINIB HYDROCHLORIDE ..	ESGIC TABS (Use butalbital-acetaminophen-caffeine)	13	estradiol vaginal CREA	186
ERMEZA SOLN OR	ESKATA	91	estradiol vaginal TABS	186
ERTACZO	esmolol hcl SOLN 100 MG/10ML .	69	estradiol valerate	112
ERYGEL GEL (Use erythromycin (acne aid))	esmolol hcl-sodium chloride	68	ESTRING RING	186
ERYPED 200 SUSR (Use erythromycin ethylsuccinate)	ESMOLOL HYDROCHLORIDE INWATER DOUBLE STRENGTH SOLN	69	ESTROFACTORS TABS	155
ERYPED 400 SUSR (Use erythromycin ethylsuccinate)	ESMOLOL HYDROCHLORIDE INWATER SOLN	69	eszopiclone	121
erythromycin (acne aid) GEL	ESMOLOL HYDROCHLORIDE SOSY	69	ethacrynate sodium	109
erythromycin (acne aid) PADS	esomeprazole magnesium CPDR 20 MG	181	ethacrynic acid	109
erythromycin (acne aid) SOLN			ethambutol hcl TABS	56
erythromycin (ophth)			ETHAMOLIN	150
ERYTHROMYCIN			ethosuximide CAPS	33
erythromycin base CPEP			ethosuximide SOLN	33
erythromycin base TABS				
erythromycin base TBEC 333 MG,				

ethyl chloride	99	150	E-Z-DISK TABS	108	
ETHYL CHLORIDE/FINE PINPOINT	99	EVISTA (Use raloxifene hcl)	110	ezetimibe	49
ETHYL CHLORIDE/FINE STREAM .	99	EVISTA (Use raloxifene hcl)	111	ezetimibe-simvastatin	47
ETHYL CHLORIDE/MEDIUM JET		EVKEEZA	47	E-Z-HD SUSR 98 %	108
STREAM	99	EVOCLIN FOAM (Use clindamycin		E-Z-PAQUE SUSR	108
ETHYL CHLORIDE/MEDIUM		phosphate (topical))	85	E-Z-PASTE CREA 60 %	108
STREAM	99	EVOLUTION AUTOCODE DEVI .	130	FABIOR FOAM	85
ETHYL CHLORIDE/MIST	99	EVOTAZ	65	famciclovir	67
ethynodiol diacet & eth estrad 35		EVRYSDI	163	famotidine in nacl SOLN	181
MCG-1 MG	76	EVUSHELD	171	famotidine SOLN 20 MG/2ML, 40	
ethynodiol diacet & eth estrad 50		EXELON 13.3 MG/24HR (Use		MG/4ML, 200 MG/20ML	181
MCG-1 MG	76	rivastigmine)	173	famotidine SUSR	181
ETHYOL	59	EXELON 4.6 MG/24HR, 9.5		famotidine TABS 10 MG	181
etodolac CAPS	11	MG/24HR (Use rivastigmine)	173	famotidine TABS 20 MG, 40 MG .	181
etodolac TABS	11	EXEM	107	FANAPT	61
etodolac TB24	11	exemestane	58	FANAPT TITRATION PACK	61
etonogestrel-ethinyl estradiol	77	EXFORGE (Use amlodipine		FANATREX FUSEPAQ SUSP	30
ETOPOPHOS	59	besylate-valsartan)	52	FARESTON (Use toremifene citrate)	
etravirine 100 MG	65	EXFORGE HCT (Use amlodipine-		.....	58
etravirine 200 MG	65	valsartan-hydrochlorothiazide)	52	FARXIGA	42
EUA PATIENT ASSESSMENT ..	150	EXODERM	87	FASENRA PEN SOAJ	24
EUCERIN ORIGINAL HEALING		EXPAREL	125	FASENRA SOSY 30 MG/ML	24
CREA (Use skin protectants, misc.)		EXPIRATORY MOUTHPIECE MISC .		FASTEP COVID-19 ANTIGEN	
100		140		HOME TEST KIT	106
EUCRISA	101	EXTAVIA KIT	175	FBL KIT	89
EUFLEXXA SOSY	161	EXTINA FOAM (Use ketoconazole		FC2 FEMALE CONDOM	126
EULEXIN	58	(topical))	87	fe fum-iron polysacch complex-fa-b	
EVAMIST SOLN	112	EYE HEALTH CAPS	153	complex-c-zn-mn-cu	119
EVEKEO TABS (Use amphetamine		EYE MULTIVITAMIN CAPS	153	febuxostat	117
sulfate)	1	EYE MULTIVITAMIN/LUTEIN CAPS .		felbamate SUSP	32
everolimus (immunosuppressant)		153		felbamate TABS	32
		EYLEA SOSY	165		
		EYSUVIS SUSP	167		

FELBATOL SUSP (Use felbamate) 32	fentanyl citrate SOLN IJ 50 MCG/ML 15	%-0.1 % 19
FELBATOL TABS (Use felbamate) 32	FENTANYL CITRATE SOLN IV 1000 MCG/100ML, 1000 MCG/50ML, 1600 MCG/100ML, 2000 MCG/100ML, 2500 MCG/50ML, 5000 MCG/100ML 15	FENTANYL CITRATE/SODIUM CHLORIDE SOLN IV 1 MG/100ML- 0.9 %, 1.25 MG/250ML-0.9 %, 2 MG/100ML-0.9 %, 2.5 MG/100ML- 0.9 %, 2.5 MG/250ML-0.9 % 15
FELDENE CAPS (Use piroxicam) .11		
felodipine 70		
FEM PH 185	FENTANYL CITRATE SOSY IJ 25 MCG/0.5ML, 50 MCG/ML, 100 MCG/2ML, 250 MCG/5ML 15	FENTANYL CITRATE/SODIUM CHLORIDE SOSY 10 MCG/2ML-0.9 %, 10 MCG/ML-0.9 %, 100 MCG/10ML-0.9 %, 1000 MCG/50ML- 0.9 %, 2500 MCG/50ML-0.9 %, 5 MCG/ML-0.9 %, 500 MCG/50ML-0.9 %, 550 MCG/55ML-0.9 % 15
FEMARA (Use letrozole) 58		
FEMCAP DEVI 126	fentanyl citrate SOSY IJ 15	
FEMRING 186	fentanyl citrate TABS 15	
fenofibrate CAPS 48	FENTANYL CITRATE/BUPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP 0.2 MG/100ML-0.9 %-0.1 %, 0.2 MG/100ML-0.9 %-0.125 %, 0.5 MG/100ML-0.9 %-0.04 %, 0.5 MG/100ML-0.9 %-0.075 %, 0.5 MG/250ML-0.9 %-0.063 %, 0.5 MG/250ML-0.9 %-0.1 %, 0.5 MG/250ML-0.9 %-0.125 %, 1 MG/250ML-0.9 %-0.125 % 18	fenentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR 15
fenofibrate micronized 134 MG, 200 MG 48		fenentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR 15
fenofibrate micronized 30 MG 48		FENTANYL SOLN IV 15
fenofibrate micronized 43 MG, 90 MG, 130 MG 48		FENTANYL/BUPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP 19
fenofibrate micronized 67 MG 48		FENTANYL/BUPIVACAINE/NAACL SOLN EP 0.5 MG/250ML-0.9 %- 0.063 %, 0.5 MG/250ML-0.9 %-0.125 % 19
fenofibrate TABS 40 MG, 54 MG, 120 MG, 160 MG 48	FENTANYL CITRATE/BUPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY 18	FENTANYL/ROPIVACAINE HYDOCHLORIDE/SODIUM CHLORIDE SOLN EP 19
fenofibrate TABS 48 MG, 145 MG .48		
fenofibrate TABS 48		
FENOFIBRATE TABS 48		
fenofibric acid 48	FENTANYL CITRATE/ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP 0.2 MG/100ML-0.9 %-0.2 %, 0.3 MG/150ML-0.9 %-0.2 %, 0.4 MG/200ML-0.9 %-0.1 %, 0.4 MG/200ML-0.9 %-0.2 %, 0.5 MG/250ML-0.9 %-0.2 % 19	FENTANYL/ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP 19
FENOGLIDE TABS (Use fenofibrate) 48		FENTANYL/ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP 19
FENOPROFEN CALCIUM CAPS 200 MG 11		FENTORA TABS (Use fentanyl citrate) 15
fenopropfen calcium CAPS 400 MG 11		FEONYX 119
fenopropfen calcium TABS 11		FER-IN-SOL SOLN (Use ferrous sulfate) 120
FENOVAR 89	FENTANYL CITRATE/ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY 0.1 MG/50ML-0.9	FERIVA 21/7 119
FENSOLVI SC 111		
fentanyl citrate LPOP 15		

FERIVAFA	119	130	epolamine)	89
FERRALET 90	119	FILSUVEZ	102	FLEET ENEMA ENEM (Use sodium phosphates)
FERRETTTS TABS	120	FILTER AIR PP MISC	140	123
FERRO-PLEX	119	FINACEA FOAM	101	FLEET PEDIATRIC ENEM (Use sodium phosphates)
ferrous fumarate TABS 324 MG ..	120	FINACEA GEL (Use azelaic acid) 101		123
ferrous fumarate w/ b12-vit c-fa-ifc 119		FINAPID	97	FLEET SALINE ENEMA EXTRAVOLUME ENEM (Use sodium phosphates)
ferrous fumarate-fa-b complex-c-zn-mg-mn-cu TABS	119	FINAPODTAR	97	123
ferrous fumarate-folic acid	119	finasteride	116	FLEQSUVY SUSP (Use baclofen) 160
FERROUS GLUCONATE TABS 324 MG	120	fingolimod hcl	175	FLEXBUMIN
ferrous sulfate SOLN 15 MG/ML ..	120	FINTEPLA	30	118
ferrous sulfate SOLN 44 MG/5ML, 220 MG/5ML, 300 MG/6.8ML	120	FIORICET/CODEINE 30 MG-40 MG-50 MG-300 MG (Use butalbital-acetaminophen-caffeine w/ codeine) . 19		FLEXICHAMBER ADULT MASK/SMALL
ferrous sulfate TABS 65 MG, 325 MG	120	FIRE ANT EXTRACT	4	140
FERROUS SULFATE TBEC (Use ferrous sulfate)	120	FIRST PANTOPRAZOLE SUSP .	181	FLEXICHAMBER CHILD MASK/LARGE
ferrous sulfate TBEC	120	FIRST-LANSOPRAZOLE SUSP .	181	140
ferumoxytol	120	FIRST-METRONIDAZOLE 50	53	FLEXICHAMBER CHILD MASK/SMALL
fesoterodine fumarate	183	FIRST-MOUTHWASH BLM	151	140
FETZIMA CP24	37	FIRST-OMEPRAZOLE SUSP	181	FLEXICHAMBER DEVI
FETZIMA TITRATION PACK C4PK 37		FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT SUPP	186	140
FEVERALL JUNIOR STRENGTH SUPP	14	FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT SUPP	186	FLINTSTONES COMPLETE CHEW . 156
fexofenadine hcl TABS 180 MG ...	47	FIRVANQ SOLR OR (Use vancomycin hcl)	54	156
fexofenadine hcl TABS 60 MG	47	FLAGYL CAPS (Use metronidazole) . 53		FLINTSTONES COMPLETE/CALCIUM & VITAMIN D CHEW
FIASP FLEXTOUCH SOPN	40	FLAREX	167	156
FIASP SOLN	40	flavoxate hcl	183	FLINTSTONES GUMMIES CHEW 156
FIBRICOR (Use fenofibric acid) ..	48	flecainide acetate	24	FLINTSTONES GUMMIES COMPLETE CHEW
FIFTY50 GLUCOSE METER 2.0 KIT		FLECTOR PTCH EX (Use diclofenac		156

156	FLINTSTONES/IMMUNITY SUPPORT CHEW .....156	fluocinolone acetonide OIL 94	fluoxetine hcl CAPS 10 MG, 20 MG 35
	FLOMAX (Use tamsulosin hcl) ...116	fluocinolone acetonide OINT .....94	fluoxetine hcl CAPS 40 MG .....35
	FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal)) .....162	fluocinolone acetonide SOLN .....94	fluoxetine hcl CPDR 35
	FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal)) 162	fluocinonide CREA 0.05 %94	fluoxetine hcl SOLN .....35
	FLORIVA .....147	fluocinonide CREA 0.1 %94	fluoxetine hcl TABS 10 MG .....36
	FLORIVA .....157	fluocinonide emulsified base .....94	fluoxetine hcl TABS 20 MG .....36
	FLOVENT DISKUS AEPB (Use fluticasone propionate (inhalation)) 25	fluocinonide GEL .....94	fluoxetine hcl TABS 60 MG .....36
	floxuridine .....57	fluocinonide OINT .....94	FLUOXETINE HYDROCHLORIDE TABS (Use fluoxetine hcl) 36
	fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML 45	fluocinonide SOLN .....94	FLUOXIA 85
	fluconazole SUSR 10 MG/ML 45	fluorescein sodium topical STRP 1 MG .....169	fluphenazine decanoate .....63
	fluconazole SUSR 40 MG/ML 45	FLUORESC EIN SODIUM/BENOXINATE HYDROCHLORIDE .....169	fluphenazine hcl CONC .....63
	fluconazole TABS 100 MG, 200 MG . 45	fluorescein w/ benoxinate .....169	fluphenazine hcl ELIX .....63
	fluconazole TABS 150 MG .....45	fluorescein w/ proparacaine 169	fluphenazine hcl SOLN 63
	fluconazole TABS 50 MG .....45	FLUORIDEX SENSITIVITY RELIEF PSTE .....151	fluphenazine hcl TABS .....63
	FLUCONAZOLE/SODIUM CHLORIDE .....45	FLUORIDEX SENSITIVITY RELIEF/SLS FREE PSTE .....151	flurandrenolide CREA .....94
	flucytosine .....45	FLUORIMAX 5000 SENSITIVE PSTE .....151	flurandrenolide LOTN .....94
	FLUDEOXYGLUCOSE F 18 .....106	FLUOR-I-STRIPS A.T. STRP 169	FLURA-SAFE 169
	fludrocortisone acetate TABS .....81	FLUORODOPA F 18 .....106	flurazepam hcl 121
	flumazenil .....43	fluorometholone (ophth) SUSP ...167	flurazepam hcl 122
	flunisolide (nasal) 0.025 % 162	fluorouracil (topical) CREA 0.5 % ..90	flurbiprofen sodium .....169
	fluocinolone acetonide (otic) .....170	fluorouracil (topical) CREA 5 % ...90	flurbiprofen TABS 100 MG .....11
	fluocinolone acetonide CREA .....94	fluorouracil (topical) SOLN .....90	flurbiprofen TABS 50 MG 11
		fluorouracil .....57	flutamide .....58
		FLUOVIX .....94	fluticasone furoate-vilanterol .....27
		FLUOVIX PLUS .....94	fluticasone propionate (inhalation) AEPB .....26
		fluoxetine hcl (pmdd) TABS 175	fluticasone propionate (nasal) SUSP . 162
			fluticasone propionate CREA 0.05 % 95

fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	26	folic acid TABS 1 MG	119	FORA TN'G VOICE BLOOD GLUCOSE MONITORING SYSTEM KIT	130
fluticasone propionate hfa 44 MCG/ACT	26	folic acid TABS 400 MCG, 800 MCG	119	FORA V10 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	130
fluticasone propionate LOTN	95	folic acid-vitamin b6-vitamin b12 TABS	119	FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/NO-CODING DEVI	130
fluticasone propionate OINT	95	FOLIC D3 CAPS	119	FORA V12 BLOOD GLUCOSE MONITORING SYSTEM/TALKING DEVI	130
fluticasone-salmeterol AEPB	27	FOLI-D TABS	119	FORA V20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	130
fluvastatin sodium CAPS	49	FOLIVANE-F	119	FORA V30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	130
fluvastatin sodium TB24	49	FOLIVANE-PLUS	119	FORA V30A BLOOD GLUCOSE MONITORING SYSTEM KIT	130
fluvoxamine maleate CP24	36	FOLIXAPURE TABS	119	FORACARE GD40 BLOOD GLUCOSE MONITORING SYSTEM DEVI	130
fluvoxamine maleate TABS 100 MG	36	FOLIXATE TABS	119	FORACARE PREMIUM V10 BLOOD GLUCOSE MONITORING SYSTEM DEVI	130
fluvoxamine maleate TABS 25 MG, 50 MG	36	FOLTANX RF	108	FORACARE TEST N GO BLOODGLUCOSE MONITORING SYSTEM DEVI	130
FLYP HYPERSONIQ CARTRIDGE MISC	140	FOLTANX TABS	108	FORFIVO XL TB24 (Use bupropion hcl)	34
FLYPROGPIDTAR	97	FOLTREXYL TABS	119	formaldehyde SOLN 10 %	64
FML FORTE SUSP	167	FOLTIX TABS	108	formoterol fumarate NEBU	27
FML LIQUIFILM SUSP (Use fluorometholone (ophth))	167	FOLVITE-D TABS	119	FORTEO SOPN (Use teriparatide (recombinant))	110
FML OINT	167	fomepizole 1.5 GM/1.5ML	43	FORTESTA GEL TD (Use testosterone)	21
FOCALIN TABS (Use dexmethylphenidate hcl)	3	FORA G20 BLOOD GLUCOSE MONITORING SYSTEM KIT	130	FORTISCARE T1 SELF-MONITORING BLOOD GLUCOSE SYSTEM DEVI	130
FOCALIN XR CP24 (Use dexmethylphenidate hcl)	3	FORA G30A BLOOD GLUCOSE MONITORING SYSTEM DEVI	130		
FOCINVEZ SOLN	44	FORA GD20 BLOOD GLUCOSE MONITORING SYSTEM DEVI	130		
FOLAGENT DHA CAPS	153	FORA GD50 BLOOD GLUCOSE MONITORING SYSTEM DEVI	130		
FOLAMED DHA CAPS	153	FORA GTEL BLOOD GLUCOSE MONITORING SYSTEM/MULTI-FUNCTIONAL DEVI	130		
FOLBIC RF TABS	108	FORA PREMIUM V10 BLE BLOOD GLUCOSE MONITORING SYSTEM DEVI	130		
FOLCYTEINE TABS	155	FORA TEST N' GO VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	130		
FOLDITAM TABS	119				
FOLGARD OS TABS	155				
FOLGARD RX TABS	119				

FOSAMAX PLUS D	110	FREESTYLE LIBRE 3 PLUS/SENSOR/GLUCOSE MONITORING SYSTEM	131	gabapentin CAPS	30
FOSAMAX TABS 70 MG (Use alendronate sodium)	110	FREESTYLE LIBRE 3/READER/GLUCOSE MONITORING SYSTEM	131	gabapentin SOLN 250 MG/5ML ...	30
fosamprenavir calcium TABS	65	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	131	gabapentin SOLN	30
fosaprepitant dimeglumine SOLR ..	44	FREESTYLE LIBRE 3/READER/FLASH MONITORING SYSTEM	131	gabapentin TABS 600 MG, 800 MG	30
foscarnet sodium 6000 MG/250ML	66	FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM	131	GABAPENTIN TINYTABS TABS ..	30
fosfomycin tromethamine	55	FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	131	GABITRIL (Use tiagabine hcl)	32
fosinopril sodium & hydrochlorothiazide	52	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM DEVI	131	gadoterate meglumine SOLN 2.5 MMOL/5ML	107
fosinopril sodium	50	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM KIT	131	GALAFOLD	111
fosinopril sodium 20 MG, 40 MG ..	50	FREESTYLE PRECISION NEO BLOOD GLUCOSE MONITORING SYSTEM KIT	131	galantamine hydrobromide CP24	173
fosphenytoin sodium	33	FROVA (Use frovatriptan succinate)	144	galantamine hydrobromide SOLN	174
FOSRENOL CHEW (Use lanthanum carbonate)	115	frovatriptan succinate	144	galantamine hydrobromide TABS 4 MG, 12 MG	174
FOSRENOL PACK	115	FUL-GLO STRP	169	galantamine hydrobromide TABS 8 MG	174
FRAGMIN SOLN 10000 UNIT/4ML	28	FULL KIT NEBULIZER SET MISC	140	galantamine hydrobromide TABS	174
FRAGMIN SOSY	28	fulvestrant SOSY	58	GALEN IQ 900	172
FRAICHE 5000 PREVI	151	furosemide SOLN IJ 10 MG/ML ..	109	GALLIUM CITRATE GA 67	106
FRAICHE 5000 SENSITIVE GEL	151	furosemide SOLN OR 10 MG/ML, 40 MG/5ML	109	GALLIUM GA 68 GOZETOTIDE SOLN	106
FREESTYLE FREEDOM LITE KIT	130	furosemide TABS	109	GALZIN	149
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	130	FUSION PLUS	119	GAMMAGARD LIQUID	171
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	131	FYCOMPA SUSP	29	GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	171
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	131	FYCOMPA TABS	29	GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	171
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	131	gabapentin (once-daily) TABS ...	175	GAMUNEX-C 1 GM/10ML, 2.5 GM/25ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	171
				ganciclovir sodium SOLR	66
				GANCICLOVIR SOLN	66

GARDASIL 9 SUSP	184	gentamicin sulfate (ophth) OINT .	166	glimepiride 4 MG	42
GARDASIL 9 SUSY	184	gentamicin sulfate (ophth) SOLN .	166	glipizide TABS 5 MG, 10 MG	42
GASTROGRAFIN OR	108	gentamicin sulfate (topical) CREA .	87	glipizide TABS	42
gatifloxacin (ophth)	166	gentamicin sulfate (topical) OINT .	87	glipizide TB24	42
GAVRETO	58	gentamicin sulfate IJ	7	glipizide-metformin hcl	38
GE100 BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	131	GENVOYA	65	GLOSTRIPS STRP 1 MG	169
GE100 BLOOD GLUCOSE MONITORING SYSTEM KIT	131	GEODON (Use ziprasidone hcl) ..	61	GLUCAGEN HYPOKIT	39
GEAMETDRAY	98	GEODON (Use ziprasidone mesylate)	61	glucagon (rdna)	39
GELCLAIR	152	GEODON 40 MG (Use ziprasidone hcl)	61	GLUCAGON EMERGENCY KIT (Use glucagon (rdna))	39
GELFILM OP	168	GEODON 60 MG, 80 MG (Use ziprasidone hcl)	61	GLUCO PERFECT 3 BLOOD GLUCOSE METER DEVI	131
GEL-FLOW	121	GERI-TUSSIN SYRP	82	GLUCO PERFECT 3 BLOOD GLUCOSE MONITORING SYSTEM/VOICE DEVI	131
GELFOAM-JMI POWDER KIT ...	121	GERMAN COCKROACH EXTRACT 4		GLUCOCARD 01 BLOOD GLUCOSE METER DEVI	131
GELNIQUE GEL 10 %	183	GHT BLOOD GLUCOSE MONITORING SYSTEM KIT	131	GLUCOCARD 01 BLOOD GLUCOSE MONITORING SYSTEM KIT	131
GELSYN-3 SOSY	161	GIALAX KIT	123	GLUCOCARD 01-MINI BLOOD GLUCOSE MONITORING SYSTEM KIT	131
gemcitabine hcl SOLN	57	GILENYA (Use fingolimod hcl) ...	175	GLUCOCARD SHINE CONNEX BLOOD GLUCOSE MONITORING SYSTEM KIT	131
gemcitabine hcl SOLR	57	GILENYA 0.25 MG	175	GLUCOCARD SHINE DEVI	131
gemfibrozil TABS	48	GILENYA 0.5 MG	175	GLUCOCARD SHINE EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT	131
GEMTESA	183	GIMOTI SOLN NA	113	GLUCOCARD SHINE KIT	131
GENADEK STEP 1 CAPS	153	ginger (zingiber officinalis) CAPS 250 MG	7	GLUCOCARD SHINE XL DEVI ..	131
GENADEK STEP 2 CAPS	153	GIVLAARI	117		
GENADUR KIT KIT CO	100	glatiramer acetate SOSY	175		
GENERESS FE (Use norethindrone & ethinyl estradiol-fe)	76	GLEOLAN	105		
GENICIN VITA-D TABS (Use folic acid-cholecalciferol)	119	GLEOSTINE 10 MG, 40 MG, 100 MG	57		
GENICIN VITA-Q TABS	155	GLIADEL WAFER	57		
gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %	7	glimepiride 1 MG, 2 MG	42		

GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLACK KIT	131	glyburide TABS	42	GOHIBIC	117
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM BLUE KIT	131	glyburide-metformin	38	GOLDENROD EXTRACT	4
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM KIT	132	GLYCATE TABS	180	GOLYTELY SOLR (Use peg 3350- kcl-sod bicarb-sod chloride-sod sulfate)	123
GLUCOCARD VITAL BLOOD GLUCOSE MONITORING SYSTEM PINK KIT	132	glycerin (laxative) SUPP 2 GM ...	123	GONITRO PACK	22
GLUCOCARD X-METER KIT	132	GLYCERIN ADULT SUPP (Use glycerin (laxative))	123	GOODSENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT	132
GLUCOCOM AUTOLINK TELEMONITORING SYSTEM MISC . 132		glycine (gu irrigant) SOLN 1.5 %	116	GOPRELTO	161
GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	132	GLYCINE SOLN	163	GORDOFILM	98
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM KIT	132	GLYCOPHOS	148	GOTOKNOW COVID-19 ANTIGENRAPID TEST KIT	106
GLUCOCOM BLOOD GLUCOSE MONITORING SYSTEM VALUE KIT KIT	132	glycopyrrolate SOLN IJ	180	GRAFCO SILVER NITRATE APPLICATOR	92
GLUCONAVII BLOOD GLUCOSEMONITORING SYSTEM KIT	132	GLYCOPYRROLATE SOSY IJ 0.6 MG/3ML, 1 MG/5ML	180	GRALISE MISC	175
GLUCOTROL XL TB24 (Use glipizide)	42	glycopyrrolate SOSY IJ	180	GRALISE TABS (Use gabapentin (once-daily))	175
GLUMETZA TB24 (Use metformin hcl)	39	glycopyrrolate TABS 1 MG, 2 MG 180		GRALISE TABS	175
GLUTARALDEHYDE SOLN 25 %	64	GLYCOPYRROLATE TABS	180	granisetron hcl SOLN IV 1 MG/ML, 4 MG/4ML	43
GLUTATHIONE (L) SOLN IV 6 GM/30ML	163	GLYNASE (Use glyburide micronized)	42	granisetron hcl TABS	44
GLUTATHIONE REDUCED SOLN IJ 163		GLYRX-PF SOLN IJ	180	GRASTEK SUBL	4
glyburide micronized 1.5 MG, 3 MG, 6 MG	42	GLYRX-PF SOSY IJ	180	GREEN ASH POLLEN EXTRACT .	4
		GLYXAMBI	38	GREEN GLO LISSAMINE GREENOPHTHALMIC STRIPS .	169
		GNP EASY TOUCH GLUCOSE MONITORING SYSTEM DEVI ...	132	griseofulvin microsize SUSP	45
		GNP EASY TOUCH GLUCOSE MONITORING SYSTEM/NO CODING DEVI	132	griseofulvin microsize TABS	45
		GNP MULTI CHILDRENS CHEW 156		griseofulvin ultramicrosize	45
		GNP TRUE METRIX AIR SELFMONITORING BLOOD GLUCOSE METER KIT	132	guaifenesin TB12 1200 MG	82
		GNP TRUE METRIX SELF MONITORING BLOOD GLUCOSE METER KIT	132	guaifenesin TB12 600 MG	83
				guaifenesin-codeine SOLN	82
				guaifenesin-codeine SYRP	82

guanfacine hcl (adhd)	2	haloperidol TABS 0.5 MG, 1 MG, 2 MG, 5 MG, 10 MG	62	HEPARIN SODIUM/D5W	28
guanfacine hcl	51	haloperidol TABS 20 MG	62	HEPARIN SODIUM/DEXTROSE 25000 UNIT/500ML-5 %, 5 %-25000 UNIT/250ML	28
GUARDIAN 4 GLUCOSE SENSOR . 132		HARVONI PACK	67	HEPARIN SODIUM/NACL 0.45% SOLN IV 0.45 %-12500 UNIT/250ML, 0.45 %-25000 UNIT/250ML	28
GUMMI BEAR MULTIVITAMIN/MINERAL CHEW 156		HARVONI TABS	67	HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML, 0.9 %-2500 UNIT/500ML, 0.9 %-30000 UNIT/L, 0.9 %-4000 UNIT/L, 0.9 %-500 UNIT/500ML, 0.9 %-5000 UNIT/500ML	28
GVOKE KIT SOLN	39	HAZELNUT (FILBERT) ALLERGENIC EXTRACT	105	HEPARIN SODIUM/SODIUM CHLORIDE SOLN IV 0.45 %-25000 UNIT/250ML, 0.45 %-25000 UNIT/500ML, 0.9 %-2500 UNIT/500ML, 0.9 %-30000 UNIT/L, 0.9 %-4000 UNIT/L, 0.9 %-500 UNIT/500ML, 0.9 %-5000 UNIT/500ML	28
GVOKE PFS SOSY	39	HEALON DUET PRO SOSY	168	HEPARIN SODIUM/SODIUM CHLORIDE SOSY 0.9 %-20 UNIT/20ML, 0.9 %-50 UNIT/50ML .	28
GYNAZOLE-1	185	HEALON GV PRO SOSY	168	HEPARIN/SODIUM CHLORIDE SOLN IV	28
HACKBERRY EXTRACT	4	HEALON PRO SOSY	168	HEPLISAV-B SOSY	184
HADLIMA PUSHTOUCH SOAJ	9	HEALON5 PRO SOSY	168	HEPMED	28
HADLIMA SOSY	9	HEALTHPRO BLOOD GLUCOSE MONITORING SYSTEM KIT	132	HEPSERA (Use adefovir dipivoxil) 67	
HAEGARDA SOLR SC	117	HEALTHY EYES SUPERVISION2 CAPS	153	HEPZATO/50MM DOUBLE BALLOON CATHETER IA	57
HAIR FARE TABS	160	HEART TABS TABS	160	HEPZATO/62MM DOUBLE BALLOON CATHETER IA	57
HAIR NOURISHING SUPPLEMENT TABS	160	HEMADY TABS	79	HERCEPTIN 150 MG	57
HAIR/SKIN/NAILS CAPS	153	HEMANGEOL SOLN OR	69	HERCEPTIN HYLECTA	58
halcinonide CREA	95	HEMATINIC/FOLIC ACID	119	HERZUMA	57
HALCION 0.25 MG (Use triazolam) 122		HEMATOGEN FA	119	hetastarch (hes /0.7 or /0.75) in sodium chloride	117
HALDOL DECANOATE 100 (Use haloperidol decanoate)	62	HEMLIBRA 12 MG/0.4ML	117	HETLIOZ CAPS (Use tasimelteon) 122	
HALDOL DECANOATE 50 (Use haloperidol decanoate)	62	HEMOCYTE PLUS CAPS	119	HETLIOZ LQ SUSP	122
halobetasol propionate CREA	95	heparin (porcine) in sodium chloride SOLN IV 0.9 %-1000 UNIT/500ML, 0.9 %-2000 UNIT/L	28	HEXATRIONE IX	79
halobetasol propionate OINT	95	heparin sodium (porcine) lock flush 28			
HALOG CREA (Use halcinonide) .	95	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	28		
HALOG OINT	95	HEPARIN SODIUM SOSY IJ 5000 UNIT/0.5ML	28		
haloperidol decanoate	62				
haloperidol lactate CONC	62				
haloperidol lactate SOLN	62				

HEXIOUNYL	87	HUMAN ALBUMIN GRIFOLS ...	118	hydralazine hcl SOLN	53
HEXTEND	117	HUMATIN	7	hydralazine hcl TABS	53
HIBERIX SOLR IJ	183	HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	9	HYDRALYTE FREEZER POPS SOLN	146
HIGH POTENCY MULTIVITAMIN TABs	155	HUMIRA PEN PNKT	9	HYDRALYTE SOLN	146
HISTATROL ID 0.275 MG/ML ...	105	HUMIRA PEN-CD/UC/HS STARTER PNKT	9	HYDREA (Use hydroxyurea)	59
HIXDEFRIMA	87	HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	9	HYDROCERIN CREA	100
homatropine hbr	165	HUMIRA PEN-PS/UV STARTER PNKT	9	hydrochlorothiazide CAPS	110
HOME PAP KIT	106	HUMIRA PSKT	9	hydrochlorothiazide TABS 12.5 MG 110	
HONEY BEE VENOM PROTEIN SOLR IJ	4	HUMULIN 70/30 KWIKPEN SUPN 40 HUMULIN 70/30 SUSP	40	hydrochlorothiazide TABS 25 MG, 50 MG	110
HORIZANT	176	HUMULIN N KWIKPEN SUPN	40	hydrocodone bitartrate CP12	15
HORMONE CREAM BASE NIOSOMES	173	HUMULIN N SUSP	40	hydrocodone bitartrate T24A	15
HORMONE CREAM-HEAVY BASENIOSOMES	173	HUMULIN R SOLN IJ	40	hydrocodone bitartrate-homatropine methylbromide SOLN	81
HORSE EPITHELIA EXTRACT	4	HUMULIN R U-500 (CONCENTRATED) SOLN SC	40	hydrocodone bitartrate-homatropine methylbromide TABS	81
HORSE EPITHELIUM EXTRACT ..	4	HUMULIN R U-500 KWIKPEN SOPN SC	40	hydrocodone polistirex- chlorpheniramine polistirex SUER .	82
HPR PLUS FOAM	100	HW EMBRACE PRO BLOOD GLUCOSE METER DEVI	132	hydrocodone-acetaminophen SOLN 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML	19
HPR PLUS HYDROGEL KIT KIT EX . 100		HW EMBRACE TALK BLOOD GLUCOSE MONITOR DEVI	132	hydrocodone-acetaminophen TABS 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG	19
HULIO AJKT	9	HW EMBRACE TALK BLOOD GLUCOSE MONITORING SYSTEM KIT	132	hydrocodone-acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	19
HULIO PSKT	9	HYALGAN SOSY	161	hydrocodone-ibuprofen 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG	19
HUMALOG JUNIOR KWIKPEN SOPN	40	HYCLODEX SOLN	100	HYDROCORT LOTION COMPLETEKIT THPK	95
HUMALOG MIX 50/50 KWIKPEN SUPN	40	HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	81		
HUMALOG MIX 50/50 SUSP	40				
HUMALOG MIX 75/25 KWIKPEN SUPN	40				
HUMALOG MIX 75/25 SUSP	40				
HUMALOG SOLN IJ	40				
HUMALOG TEMPO PEN SOPN ..	40				

hydrocortisone (intrarectal)	21	HYDROCORTISONE COMPLETE KIT THPK	95	CHLORIDE SOSY IJ 10 MG/50ML- 0.9 %, 25 MG/25ML-0.9 %, 30 MG/30ML-0.9 %, 6 MG/30ML-0.9 % .	16
hydrocortisone (rectal) EX 1 %	22	hydrocortisone TABS	79	HYDROXATE GEL	95
hydrocortisone (rectal) EX 2.5 %	22	hydrocortisone vaginal	186	hydroxychloroquine sulfate 100 MG, 200 MG	56
hydrocortisone (topical) CREA 0.5 % 95		hydrocortisone valerate CREA	95	hydroxychloroquine sulfate 300 MG, 400 MG	56
hydrocortisone (topical) CREA 1 % 95		hydrocortisone valerate OINT	95	HYDROXYM CREA	95
hydrocortisone (topical) CREA 2.5 % 95		hydrocortisone w/acetic acid	170	HYDROXYM GEL	95
hydrocortisone (topical) LOTN 1 % 95		HYDROCORTISONE/ACETIC ACID (Use hydrocortisone w/acetic acid)	170	hydroxyurea	59
hydrocortisone (topical) LOTN 2 % 95		hydrogen peroxide SOLN XX 30 %	64	HYDROXYUREA	75
hydrocortisone (topical) LOTN 2.5 % . 95		hydromorphone hcl LIQD	15	hydroxyzine hcl SOLN 25 MG/ML, 50 MG/ML	23
hydrocortisone (topical) OINT 1 % .95		hydromorphone hcl SOLN IJ 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML, 50 MG/5ML, 500 MG/50ML .	15	hydroxyzine hcl SYRP	23
hydrocortisone (topical) OINT 2.5 % . 95		HYDROMORPHONE HCL SUPP .	15	hydroxyzine hcl TABS	23
hydrocortisone acetate (rectal)	22	hydromorphone hcl TABS 2 MG	15	hydroxyzine pamoate CAPS	23
hydrocortisone acetate vaginal	186	hydromorphone hcl TABS 4 MG	15	HYFTOR	98
hydrocortisone acetate w/ pramoxine CREA EX	21	hydromorphone hcl TABS 8 MG	15	HYLENEX	149
HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE CREA	95	hydromorphone hcl TB24	16	hyoscyamine sulfate ELIX	180
HYDROCORTISONE ACETATE/PRAMOXINE HYDROCHLORIDE SUPP	21	HYDROMORPHONE HCL/SODIUMCHLORIDE SOSY IV 30 MG/30ML-0.9 %, 55 MG/55ML- 0.9 %	15	hyoscyamine sulfate SOLN IJ 0.5 MG/ML	180
hydrocortisone butyrate CREA	95	HYDROMORPHONE HYDROCHLORIDE SOLN IJ 0.25 MG/0.5ML, 0.5 MG/ML, 1 MG/ML, 2 MG/ML, 4 MG/ML, 10 MG/ML	16	hyoscyamine sulfate SOLN OR 0.125 MG/ML	180
hydrocortisone butyrate hydrophilic lipo base	95	HYDROMORPHONE HYDROCHLORIDE/SODIUM CHLORIDE SOLN IJ 100 MG/100ML-0.9 %	16	hyoscyamine sulfate SUBL 0.125 MG	180
hydrocortisone butyrate LOTN	95	HYDROMORPHONE HYDROCHLORIDE/SODIUM CHLORIDE SOLN IM	171	HYPERHEP B SOLN IM	171
hydrocortisone butyrate OINT	95	HYDROMORPHONE HYDROCHLORIDE/SODIUM		HYPERHEP B SOSY 110 UNIT/0.5ML	171

HYPERRHO S/D MINI-DOSE SOSY IM	171	ibuprofen CHEW	11	IDYYXIATAR GEL	85
HYPERRHO S/D SOSY IM 1500 UNIT	171	ibuprofen lysine	11	IFEX SOLR	57
HYPERSAL NEBU	83	ibuprofen SUSP 100 MG/5ML	11	ifosfamide SOLN	57
HYPERTET SOSY	171	ibuprofen SUSP 40 MG/ML, 50 MG/1.25ML	11	ifosfamide SOLR	57
HYPOCYN ANTIPRURITIC GELSPRAY GEL	100	ibuprofen TABS 100 MG, 400 MG, 600 MG, 800 MG	11	IFOSFAMIDE SOLR	57
HYPOCYN SOLN	100	ibuprofen TABS 200 MG	11	IGALMI FILM	122
HYRIMOZ CROHN'S DISEASE AND ULCERATIVE COLITIS STARTER PACK SOAJ	9	ibuprofen TABS 400 MG, 600 MG, 800 MG	11	IGLUCE BLOOD GLUCOSE MOITORING SYSTEM KIT	132
HYRIMOZ PEDIATRIC CROHNSDISEASE STARTER PACK SOSY	9	ibuprofen TABS 400 MG, 600 MG, 800 MG	11	ILEVRO	169
HYRIMOZ PEDIATRIC CROHN'SDISEASE STARTER PACK SOSY	9	ibuprofen-famotidine	11	ILIDERM EMUL	100
HYRIMOZ PLAQUE PSORIASISSTARTER PACK SOAJ .	9	ibutilide fumarate	24	ILLUCCIX CONFIGURATION A KIT .	106
HYRIMOZ SENSOREADY PENS SOAJ	9	icatibant acetate SOLN	117	ILLUCCIX CONFIGURATION B KIT .	106
HYRIMOZ SOAJ 40 MG/0.4ML	9	icatibant acetate SOSY	117	ILUMYA	90
HYRIMOZ SOAJ	9	ICLUSIG	59	imipenem-cilastatin IV	54
HYRIMOZ SOSY	9	icosapent ethyl	47	imipramine hcl TABS	38
HYRONAN KIT	161	ID NOW INFLUENZA A & B 2 ...	106	imipramine pamoate	38
HYSINGLA ER T24A	16	ID NOW INFLUENZA A & B 2CONTROL SWAB KIT	106	imiquimod 3.75 %	98
HYZAAR (Use losartan potassium & hydrochlorothiazide)	52	ID NOW RSV	106	imiquimod 5 %	98
ibandronate sodium TABS	110	ID NOW RSV CONTROL SWAB	107	IMITREX 20 MG/ACT (Use sumatriptan)	144
IBRANCE CAPS	58	ID NOW STREP A2	107	IMITREX 5 MG/ACT (Use sumatriptan)	144
IBRANCE TABS	58	ID NOW STREP A2 CONTROL SWAB	107	IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use sumatriptan succinate)	144
IBSRELA	115	IDACIO STARTER PACKAGE FOR CROHNS DISEASE AJKT	9	IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)	144
		IDACIO STARTER PACKAGE FOR PLAQUE PSORIASIS AJKT	9	IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use sumatriptan succinate)	144
		IDAOXIA	101	IMITREX STATDOSE SYSTEM	
		IDARAN	87		
		idarubicin hcl	58		
		IDOSE TR IMPL	169		

SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	144	INDIUM IN 111 DTPA	106	FILTER MISC	140
IMITREX TABS (Use sumatriptan succinate)	144	INDOCIN SUSP (Use indomethacin) .	11	INOVA	85
IMMPHENTIV SOLN IV	187	INDOMETHACIN	11	INOVA 4/1 ACNE CONTROL THERAPY	85
IMMUNE ESSENTIALS DAILY CAPS	154	indomethacin CAPS 25 MG, 50 MG	11	INOVA 8/2 ACNE CONTROL THERAPY	85
IMODIUM A-D CAPS (Use loperamide hcl)	42	indomethacin CAPS	11	INPEFA	73
IMODIUM A-D TABS (Use loperamide hcl)	42	indomethacin CPCR	11	INQOVI	58
IMOVAX RABIES (H.D.C.V.) SUSR	184	indomethacin sodium	11	INREBIC	59
IMPAVIDO	53	INDOMETHACIN SUPP 100 MG ..	11	INSPIREASE DRUG DELIVERYSYSTEM MISC	140
IMPEKLO LOTN	95	indomethacin SUPP	11	INSPIREASE RESERVOIR BAGS	140
IMURAN TABS (Use azathioprine)	150	indomethacin SUSP	11	INSULIN ASPART FLEXPEN SOPN .	40
IMVEXXY MAINTENANCE PACK		INFANRIX	180	INSULIN ASPART PENFILL SOCT	40
INST	186	INFANTS ADVIL SUSP (Use	11	INSULIN ASPART	
IN TOUCH DEVI	132	ibuprofen)	11	PROTAMINE/INSULIN ASPART	
INBRIJA CAPS	60	INFANTS SILAPAP SOLN OR	14	FLEXPEN SUPN	40
IN-CHECK DIAL		INFASURF TR	178	INSULIN ASPART	
INSPIRATORYFLOW TRAINER		INFED	120	PROTAMINE/INSULIN ASPART	
DEVI	140	INFINITY BLOOD GLUCOSE		SUSP	40
IN-CHECK INSPIRATORY		MONITORING SYSTEM KIT	132	INSULIN ASPART SOLN IJ	41
FLOWMETER/NASAL WITH MASK		INFINITY CONTROL SOLUTION		INSULIN DEGLUDEC FLEXTOUCH	
DEVI	140	HIGH SOLN	132	SOPN 100 UNIT/ML	41
IN-CHECK INSPIRATORY		INFINITY CONTROL SOLUTION		INSULIN DEGLUDEC FLEXTOUCH	
FLOWMETER/ORAL DEVI	140	LOW SOLN	132	SOPN 200 UNIT/ML	41
INCRUSE ELLIPTA	24	INFINITY VOICE KIT	132	INSULIN DEGLUDEC SOLN	41
indapamide TABS 1.25 MG, 2.5 MG .	110	INFLATHERM	11	INSULIN GLARGINE SOLN	41
INDERAL LA CP24 (Use propranolol hcl)	69	INFLECTRA SOLR	114	INSULIN GLARGINE SOLOSTAR	
INDERAL XL	69	INFUGEM	57	SOPN 100 UNIT/ML	41
		INJECTAFER	120	INSULIN GLARGINE-YFGN SOLN	41
		INNOPRAN XL	69	41	
		INNOPRAN XL 80 MG	69	INSULIN GLARGINE-YFGN SOPN	
		INNOSPIRE REPLACEMENT			

41	INSULIN LISPRO JUNIOR KWIKPEN SOPN	41	INVOKAMET TABS	38	ISENTRESS PACK	65
	INSULIN LISPRO KWIKPEN SOPN	41	INVOKAMET XR TB24	38	ISENTRESS TABS	65
	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	41	INZDEAXIAVAR	85	isoflurane	115
	INSULIN LISPRO SOLN IJ	41	iodine strong (lugol's)	147	ISOLYTE-P/DEXTROSE 5%	146
	INTEGRA F	119	IODOQUINOL POWD	7	ISOLYTE-S	146
	INTEGRA PLUS	120	iodoquinol-hc	87	ISOLYTE-S PH 7.4	146
	INTELENCE 100 MG (Use etravirine)	65	iodoquinol-hydrocortisone in aloe vehicle	87	isoniazid SOLN	56
	INTELENCE 200 MG (Use etravirine)	65	iodoquinol-hydrocortisone-aloe polysaccharide	87	isoniazid SYRP	56
	INTELENCE 25 MG	65	IONOSOL-MB/DEXTROSE 5%	146	isoniazid TABS	56
	INTUNIV (Use guanfacine hcl (adhd))	2	IOPIDINE	165	isoproterenol hcl	27
	INVEGA (Use paliperidone)	61	IPOLE INACTIVATED IPV	184	ISOPROTERENOL HYDROCHLORIDE/SODIUM CHLORIDE	27
	INVEGA HAFYERA	61	ipratropium bromide (nasal) 0.03 %	162	ISOPTO ATROPINE SOLN	165
	INVEGA SUSTENNA 117 MG/0.75ML	61	ipratropium bromide (nasal) 0.06 %	162	ISORDIL TITRADOSE TABS (Use isosorbide dinitrate)	22
	INVEGA SUSTENNA 156 MG/ML	61	ipratropium bromide SOLN 0.02 %	24	isosorbide dinitrate TABS 40 MG	22
	INVEGA SUSTENNA 234 MG/1.5ML	61	ipratropium-albuterol SOLN	27	isosorbide dinitrate TABS 5 MG, 10 MG, 20 MG, 30 MG	22
	INVEGA SUSTENNA 39 MG/0.25ML	61	IQIRVO	115	isosorbide dinitrate-hydralazine hcl	73
	INVEGA SUSTENNA 78 MG/0.5ML	61	irbesartan	50	isosorbide mononitrate TABS	22
	INVEGA TRINZA 273 MG/0.88ML	61	irbesartan-hydrochlorothiazide	52	isosorbide mononitrate TB24	22
	INVEGA TRINZA 410 MG/1.32ML	61	IRON CHEWS PEDIATRIC CHEW	120	isosulfan blue	105
	INVEGA TRINZA 546 MG/1.75ML	61	IRON FOLATE PLUS	120	isotretinoin 10 MG, 20 MG, 30 MG, 40 MG	85
	INVEGA TRINZA 819 MG/2.63ML	61	IRON FOLATE-F	120	isotretinoin 25 MG, 35 MG	85
	INVELTYS SUSP	167	IRON TABS 28 MG	120	isoxsuprine hcl	73
			iron-folic acid-vitamin c-vitamin b6-vitamin b12-zinc	120	isradipine CAPS	71
			IROSPAN 24/6	120	ISTALOL SOLN (Use timolol maleate (ophth))	164
			ISENTRESS CHEW 100 MG	65	ITCH RELIEF CREA	89
			ISENTRESS CHEW 25 MG	65		

itraconazole CAPS	45	KALETRA TABS 50 MG-200 MG (Use lopinavir-ritonavir)	65	KERASTAT CREA	102
itraconazole SOLN	45	KAMDOY EMUL	100	KERASTAT GEL	102
ivermectin (rosacea)	101	KANJINTI	58	KERENDIA	111
ivermectin	22	KAPSPARGO SPRINKLE CS24 ..	69	KERYDIN (Use tavaborole)	88
IXCHIQ	184	KAPVAY TB12 (Use clonidine hcl (adhd))	2	KESIMPTA	175
IXIARO	184	KARBINAL ER SUER	46	KETAMINE HYDROCHLORIDE SOSY IJ	115
IYUZEH SOLN	169	KARDIAMEMBRANE/4CMX8CM SHEE	102	KETAMINE HYDROCHLORIDE TROC	115
JALYN (Use dutasteride-tamsulosin hcl)	116	KARDIAMEMBRANE/6CMX8CM SHEE	102	KETAMINE HYDROCHLORIDE/SODIUM CHLORDE SOLN	115
JANSSEN COVID-19 VACCINE ..	184	KARDIAMEMBRANE/8CMX8CM SHEE	102	KETAMINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN	115
JANUMET XR TB24	38	KATERZIA	71	KETAMINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY IJ 100 MG/10ML- 0.9 %, 50 MG/5ML-0.9 %	115
JANUVIA	39	KCL 0.15%/D5W/NACL 0.225% ..	146	ketoconazole (topical) CREA	88
JARDIANCE	42	KEDBUMIN	118	ketoconazole (topical) FOAM	88
JENTADUETO XR TB24	38	KENALOG-10 SUSP	79	ketoconazole (topical) SHAM 2 % ..	88
JESDUVROQ	119	KENALOG-80 SUSP	79	ketoconazole	45
JOENJA	149	KENGREAL	118	KETODAN KIT	88
JOHNSON GRASS EXTRACT	5	KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	30	KETONE STRP	107
JORNAY PM CP24	3	KEPPRA TABS 1000 MG (Use levetiracetam)	30	KETONE TEST STRIPS STRP ..	107
J-TIP KIT W/VIAL ADAPTERS KIT 136		KEPPRA TABS 250 MG, 750 MG (Use levetiracetam)	30	KETOPHENE RAPIDPAQ	89
JUBLIA	88	KEPPRA TABS 500 MG (Use levetiracetam)	30	ketoprofen CAPS 25 MG	11
JULUCA	65	KEPPRA XR TB24 (Use levetiracetam)	30	ketoprofen CAPS 50 MG	11
JUST 4 KIDZ MULTIVITAMIN+PROBIOTIC CHEW	156	KERALYT GEL (Use salicylic acid) 98		ketoprofen CP24	11
JYNNEOS	184	KERALYT GEL	98	KETOROCAINE-L	11
K.B.G.L. IN TERODERM CREAM ..	89	KERALYT SCALP KIT	98	KETOROCAINE-LM	11
KALBITOR	117			KETOROLAC 2% GEL	89
KALETRA SOLN (Use lopinavir- ritonavir)	65				
KALETRA TABS 25 MG-100 MG (Use lopinavir-ritonavir)	65				

ketorolac tromethamine (ophth) . 169	sodium (acne)) 85	LABETALOL HYDROCHLORIDE SOLN 68
ketorolac tromethamine (ophth) 0.5 % 169	KLISYRI 90	LABETALOL HYDROCHLORIDE SOSY 10 MG/2ML, 20 MG/4ML ... 68
KETOROLAC TROMETHAMINE SOLN IJ 30 MG/ML 11	KLONOPIN TABS (Use clonazepam) 29	LABETALOL HYDROCHLORIDE/DEXTROSE 5 %-200 MG/200ML 68
ketorolac tromethamine SOLN IM 30 MG/ML, 60 MG/2ML 11	KLOXXADO LIQD 43	LABETALOL HYDROCHLORIDE/SODIUM CHLORIDE 0.72 %-100 MG/100ML, 0.72 %-200 MG/200ML, 0.72 %-300 MG/300ML 68
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY 11	KOCHIA EXTRACT 5	lacosamide SOLN IV 200 MG/20ML . 30
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY 12	KOKO PEAK PRO REPLACEMENT PLASTIC MOUTHPIECE MISC 140	lacosamide SOLN OR 10 MG/ML, 50 MG/5ML, 100 MG/10ML 30
ketorolac tromethamine TABS 12	KOMBIGLYZE XR (Use saxagliptin-metformin hcl) 38	lacosamide SOLN OR 10 MG/ML . 30
KETOROLAC TROMETHAMINE/BUPIVACAINE HYDROCHLORIDE/KETAMINE HY . 11	KONVOMEK SUSR 182	lacosamide TABS 30
KETOSTIX STRP 107	KORSUVA 151	LACRISERT 163
ketotifen fumarate (ophth) 0.035 % 169	KOSHER PRENATAL PLUS IRON TABS 158	lactated ringer's 146
KEVZARA SOAJ 10	K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) . 148	lactic acid (ammonium lactate) CREA 97
KEVZARA SOSY 10	K-PHOS NO 2 116	lactic acid (ammonium lactate) LOTN 12 % 97
KEY-E CHEW 188	KRINTAFEL 56	LACTIC ACID E 97
KIMMTRAK 57	KRISTALOSE PACK 123	LACTIC ACID LOTN 97
KIMYRSA 54	KROGER BLOOD GLUCOSE MONITORING KIT KIT 132	lactulose (encephalopathy) 114
KINDERLYTE PREMAX SOLN .. 146	KROGER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT 132	lactulose (encephalopathy) 115
KINDERLYTE SOLN 146	K-TAB TBCR (Use potassium chloride) 148	LACTULOSE PACK 123
KINERET SOSY 10	KYZATREX CAPS 21	lactulose SOLN 10 GM/15ML 123
KINRIX SUSY 180	L.E.T. GEL 99	lactulose SOLN 123
KIVIK EMUL 100	labetalol hcl SOLN 68	LAGEVRIO 68
KLARITY-A 166	labetalol hcl TABS 100 MG 68	LAMBS QUARTERS POLLEN EXTRACT 105
KLARITY-C DROPS EMUL 167	labetalol hcl TABS 200 MG 68	
KLARITY-L EMUL 167	labetalol hcl TABS 300 MG 68	
KLARON (Use sulfacetamide		

LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine)	30	lamotrigine TB24 100 MG, 200 MG 31 lamotrigine TB24	31	LENMELDY	174
LAMICTAL ODT KIT (Use lamotrigine)	31	lamotrigine TBDP	31	LENSCALE EXTRACT	5
LAMICTAL ODT KIT	31	LAMPIT	54	LESCOL XL TB24 (Use fluvastatin sodium)	49
LAMICTAL ODT TBDP (Use lamotrigine)	31	lanolin (topical) CREA	100	letrozole	58
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE KIT (Use lamotrigine)	31	lanolin (topical) OINT	100	LETS KIT	124
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE KIT (Use lamotrigine) 31	31	lanolin XX	173	LEU TECHNELITE	106
LAMICTAL STARTER/TAKING VALPROATE KIT (Use lamotrigine) 31	31	LANOLIN XX	173	leucovorin calcium SOLN IJ 500 MG/50ML	59
LAMICTAL TABS (Use lamotrigine) 31	31	LANOLOR CREA	100	leucovorin calcium SOLR	59
LAMICTAL XR KIT	31	LANOXIN PEDIATRIC SOLN IJ ...	71	leucovorin calcium TABS	59
LAMICTAL XR TB24 (Use lamotrigine)	31	LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (Use digoxin)	71	LEUKERAN	57
LAMISIL AT CREA (Use terbinafine hcl (topical))	88	lansoprazole CPDR 15 MG	181	LEUPROLIDE ACETATE INJ	58
LAMISIL AT JOCK ITCH CREA (Use terbinafine hcl (topical))	88	lansoprazole CPDR	181	levabuterol hcl	27
lamivudine (hbv) TABS	67	lanthanum carbonate CHEW	115	levabuterol tartrate	27
lamivudine SOLN	65	LANTIDRA	38	levamlodipine maleate	71
lamivudine TABS 150 MG	65	LANTUS SOLOSTAR SOPN	41	LEVBID TB12 (Use hyoscyamine sulfate)	180
lamivudine TABS 300 MG	65	L-ARGININE HYDROCHLORIDE 163		levetiracetam in sodium chloride ..	31
lamivudine-zidovudine	65	LASIX TABS (Use furosemide) ...	109	levetiracetam SOLN OR 100 MG/ML, 500 MG/5ML	31
lamotrigine CHEW	31	latanoprost SOLN	169	levetiracetam TABS 1000 MG	31
lamotrigine KIT 25 MG	31	LATANOPROST SOLN	170	levetiracetam TABS 250 MG, 750 MG	31
lamotrigine TABS	31	LATUDA (Use lurasidone hcl)	61	levetiracetam TABS 500 MG	31
		LAVARE WOUND WASH GEL ...	102	levetiracetam TB24	31
		LAZANDA SOLN NA 100 MCG/ACT, 400 MCG/ACT	16	LEVETIRACETAM/SODIUM CHLORIDE	31
		L-CARNITINE SOLN IJ	111	levobunolol hcl 0.5 %	164
		LEDIPASVIR/SOFOSBUVIR TABS 67		levocarnitine (metabolic modifiers) SOLN IV 200 MG/ML	111
		LEFLUNICLO	8	levocarnitine (metabolic modifiers) SOLN OR 1 GM/10ML	111
		leflunomide	13		

levocarnitine (metabolic modifiers) TABS .....111	levothyroxine sodium TABS .....179	LIDOCAINE HCL SOLN 24
levocetirizine dihydrochloride TABS 47	LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate) 180	lidocaine hcl SOLN 99
levofloxacin (ophth) 0.5 % 166	LEVSIN TABS (Use hyoscyamine sulfate) 180	LIDOCAINE HCL- HYDROCORTISONE ACETATE WITH ALOE GEL 21
levofloxacin in d5w 113	LEVSIN/SL SUBL (Use hyoscyamine sulfate) 180	LIDOCAINE HYDROCHLORIDE BUFFERED 125
levofloxacin SOLN IV 113	LEXAPRO TABS 10 MG (Use escitalopram oxalate) 36	LIDOCAINE HYDROCHLORIDE CREA 99
levofloxacin SOLN OR 113	LEXAPRO TABS 20 MG (Use escitalopram oxalate) 36	LIDOCAINE HYDROCHLORIDE SOLN 125
levofloxacin TABS 113	LEXAPRO TABS 5 MG (Use escitalopram oxalate) 36	LIDOCAINE HYDROCHLORIDE SOSY IJ 9 MG/ML, 10 MG/ML, 100 MG/10ML, 100 MG/5ML, 200 MG/10ML 125
LEVOMEFOLATE CALCIUM/N- ACETYLCYSTEINE/MECOBALAMIN /ALGAL POWD .....108	LEXIVA SUSP 65	LIDOCAINE HYDROCHLORIDE/EPINEPHRINE . 167
levonorgestrel & eth estradiol TABS 76	LEXIVA TABS (Use fosamprenavir calcium) 65	LIDOCAINE HYDROCHLORIDE/EPINEPHRINE BUFFERED 124
levonorgestrel (emergency oc) 1.5 MG 77	LIALDA TBEC (Use mesalamine) 114	LIDOCAINE HYDROCHLORIDE/EPINEPHRINE/ TETRACAINE HYDROCHLORIDE GEL 99
levonorgestrel-eth estradiol (triphasic) 76	LIBERTY BLOOD GLUCOSE METER DEVI 132	LIDOCAINE HYDROCHLORIDE/EPINEPHRINE/ TETRACAINE HYDROCHLORIDE SOLN 99
levonorgestrel-ethinyl estradiol (91- day) 76	LIBERTY NEXT GENERATION BLOOD GLUCOSE MONITOR DEVI 132	LIDOCAINE HYDROCHLORIDE/EPINEPHRINE/ TETRACAINE HYDROCHLORIDE SOLN 99
levonorgestrel-ethinyl estradiol (91- day) 0.03 MG-0.15 MG 76	LICART PT24 89	LIDOCAINE HYDROCHLORIDE/EPINEPHRINE/ TETRACAINE HYDROCHLORIDE SOLN 99
levonorgestrel-ethinyl estradiol (continuous) 77	LICEMD GEL 101	LIDOCAINE HYDROCHLORIDE/EPINEPHRINE/ TETRACAINE HYDROCHLORIDE SOLN 99
levonorgestrel-ethinyl estradiol-iron 77	lidocaine CREA 4 % 99	LIDOCAINE HYDROCHLORIDE/PHENYLEPHRI NE HYDROCHLORIDE 167
levorphanol tartrate TABS 3 MG ...16	lidocaine hcl (cardiac) SOSY 24	LIDOCAINE HYDROCHLORIDE/RACEPINEPHRI NE/TETRACAINE HYDROCHLOR 99
levorphanol tartrate TABS 16	lidocaine hcl (local anesth.) SOLN 125	LIDOCAINE HYDROCHLORIDE/SODIUM BICARBONATE 124
levothyroxine sodium CAPS .....179	lidocaine hcl (mouth-throat) 2 % ..151	
LEVOTHYROXINE SODIUM SOLN IV .....179	lidocaine hcl (mouth-throat) 4 % ..151	
LEVOTHYROXINE SODIUM SOLR IV (Use levothyroxine sodium) ... 179	lidocaine hcl CREA 3 %, 4 % 99	
levothyroxine sodium SOLR IV ...179	lidocaine hcl GEL 2 % 99	
	lidocaine hcl LOTN .....99	

LIDOCAINE HYDROCHLORIDE/SODIUM CHLORIDE SOSY	24	LIDOPURE PATCH	99	LIPO-B	120
LIDOCAINE HYDROCHLORIDE/TETRACAINE HYDROCHLORIDE	124	LIDOSOL	99	LIPO-C	163
lidocaine in d5w 5 %-4 MG/ML, 5 %- 8 MG/ML	24	LIDOSOL-50	99	LIPOFEN CAPS (Use fenofibrate) .	49
lidocaine OINT	99	LIDOTHOL GEL	99	LIQUID E-Z-PAQUE SUSP OR ..	108
lidocaine PTCH 4 %, 5 %	99	LIDOTHOL PTCH	99	LIQUID POLIBAR PLUS SUSP CO	108
lidocaine w/ epinephrine SOLN 1 :100000-1 %, 1 :100000-2 %, 1 :200000-0.5 %, 1 :200000-1.5 %, 1 :200000-2 %	124	LIDOTOR	99	lisdexamphetamine dimesylate CAPS 10 MG, 20 MG	2
LIDOCAINE/EPINEPHRINE SOLN 124		LIDOTRAL + HYDROCORTISONE CREA	96	lisdexamphetamine dimesylate CAPS 30 MG, 40 MG, 50 MG, 60 MG, 70 MG	1
LIDOCAINE/TETRACAINE CREA 7 %-7 %	99	LIDOTRAL 1 PTCH	99	lisdexamphetamine dimesylate CAPS 2	
lidocaine-hydrocortisone acetate (rectal) CREA EX	21	LIDOTRAL CREA	99	lisdexamphetamine dimesylate CHEW .	2
lidocaine-hydrocortisone acetate (rectal) KIT	21	LIDOTRAL GEL	99	lisinopril & hydrochlorothiazide	52
lidocaine-hydrocortisone acetate CREA 1 %-1 %	95	LIDOTRAL SOLN	99	lisinopril TABS 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	50
lidocaine-prilocaine CREA	99	LIDOTRAL/HYDROCORTISONE W/PEPTIDES & ARNICA CREA ..	96	LITETOUCH MASK LARGE MISC	140
lidocaine-prilocaine KIT	99	LIDOTRAL/MENTHOL LIQD	99	LITETOUCH MASK MEDIUM MISC .	141
lidocaine-transparent dressing	99	LIDOTRAN CREA	99	LITETOUCH MASK SMALL MISC	141
LIDOCIDEX I SOLN	79	LIDTOPIC CREA	99	lithium	60
LIDOCILONE I SUSP	79	LIKMEZ SUSP	53	lithium carbonate CAPS	60
LIDOLITE	99	lincomycin hcl	55	LITHIUM CARBONATE POWD ...	60
LIDOLOG KIT KIT	79	LINEZOLID	55	lithium carbonate TABS	60
LIDOMARK 1/5 KIT	125	linezolid SOLN	55	lithium carbonate TBCR	60
LIDOMARK 2/5 KIT	125	linezolid SUSR	55	LITHOBID TBCR (Use lithium carbonate)	60
LIDOPIN CREA	99	linezolid TABS	55	LITHOSTAT	117
		LINZESS	115	LITTLE REMEDIES HONEY COUGH SYRP	7
		liothyronine sodium SOLN	179	LITTLE REMEDIES SALINE	
		liothyronine sodium TABS	179		
		LIPIDSHIELD PLUS TABS	160		
		LIPIODOL	108		
		LIPITOR TABS (Use atorvastatin calcium)	49		
		LIPO	163		

SPRAY/DROPS SOLN	161	lopinavir-ritonavir TABS 50 MG-200 MG	65	LOTENSIN 10 MG, 20 MG (Use benazepril hcl)	50
L-LYSINE HYDROCHLORIDE SOLN	163	LOPRESSOR TABS 100 MG (Use metoprolol tartrate)	69	LOTENSIN 40 MG (Use benazepril hcl)	50
L-METHYL-B6-B12 TABS	108	LOPRESSOR TABS 50 MG (Use metoprolol tartrate)	69	LOTENSIN HCT 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	52
L-METHYLFOLATE CA ME-CBLNAC	108	LOPROX	88	loteprednol etabonate GEL	167
L-METHYLFOLATE CA/P-5-P/ME-CBL	108	LOPROX CREA (Use ciclopirox olamine)	88	loteprednol etabonate SUSP 0.2 %	167
L-METHYL-MC	108	LOPROX KIT	88	loteprednol etabonate SUSP 0.5 %	167
LMR PLUS	99	LOPROX SHAMPOO SHAM (Use ciclopirox)	88	LOTREL 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	52
LMX 4 CREA (Use lidocaine)	99	LOPROX SUSP (Use ciclopirox olamine)	88	LOTREXONE	14
LO LOESTRIN FE TABS	77	loratadine & pseudoephedrine TB12 .	82	LOTRIMIN AF CREA (Use clotrimazole (topical))	88
LOCAMETZ KIT	106	loratadine TABS	47	LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	88
LOCOID LIPOCREAM	96	loratadine TBDP 10 MG	47	LOTRONEX (Use alosetron hcl) .	115
LOCOID LOTN (Use hydrocortisone butyrate)	96	loratadine TBDP	47	LOUNZDOMDIOXIATAR THPK ...	85
LODINE TABS (Use etodolac)	12	lorazepam CONC	23	lovastatin TABS 10 MG, 20 MG ...	49
LODOCO	73	lorazepam SOLN	23	lovastatin TABS 40 MG	49
LODOSYN (Use carbidopa)	59	lorazepam TABS 0.5 MG, 2 MG ..	23	LOVAZA (Use omega-3-acid ethyl esters)	47
LOHIST-D LIQD	82	lorazepam TABS 1 MG	23	LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	28
LOKELMA	150	LOREEV XR CS24	23	LOVENOX SOSY (Use enoxaparin sodium)	29
LOMOTIL TABS (Use diphenoxylate w/ atropine)	42	LORTAB ELIX	19	LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium) .	28
LONHALA MAGNAIR REFILL KIT SOLN	24	losartan potassium & hydrochlorothiazide	52	LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	29
LONHALA MAGNAIR STARTER KIT SOLN	24	losartan potassium	50		
loperamide hcl CAPS	42	LOSEASONIQUE (Use levonorgestrel-ethinyl estradiol (91-day))	77		
loperamide hcl TABS	43	LOTEMAX OINT	167		
LOPID TABS (Use gemfibrozil)	49	LOTEMAX SM GEL	167		
lopinavir-ritonavir SOLN	65				
lopinavir-ritonavir TABS 25 MG-100 MG	65				

LOVENOX SOSY 40 MG/0.4ML (Use enoxaparin sodium)	29	LYUMJEV TEMPO PEN SOPN ...	41	maraviroc TABS 150 MG	65
LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	29	LYVISPAH PACK	161	maraviroc TABS 300 MG	65
LOVENOX SOSY 80 MG/0.8ML (Use enoxaparin sodium)	29	MACRILEN	105	MARBETA-25	79
LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium) .	28	MACROBID (Use nitrofurantoin monohyd macro)	55	MARBETA-L	79
loxapine succinate	62	MACRODANTIN (Use nitrofurantoin macrocrystal)	55	MARDEX-25 KIT	79
lubiprostone	113	mafenide acetate PACK	92	MARGENZA	58
LUCEMYRA	173	MAGNESIUM CAPS 400 MG	148	MARINOL CAPS 2.5 MG (Use dronabinol)	44
LUCIRA COVID-19 & FLU TEST 107		magnesium chloride SOLN	147	MARINOL CAPS 5 MG, 10 MG (Use dronabinol)	44
LUGOLS STRONG IODINE SOLN 64		magnesium citrate	123	MARLIDO KIT KIT	124
luliconazole	88	magnesium citrate 1.745 GM/30ML 123		MARLIDO-25 KIT	124
LUMAKRAS	59	MAGNESIUM EXTRA STRENGTH CAPS	147	MARPLAN	35
LUMIGAN SOLN 0.01 %	170	magnesium hydroxide SUSP 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	123	MARVONA SUIK	124
LUMINOPIA	149	magnesium oxide (mg supplement) TABS 241.5 MG, 400 MG	147	MAS CARE-PAK KIT	79
LUNESTA (Use eszopiclone)	122	MAGNESIUM OXIDE CAPS	147	MASK VORTEX/CHILD/FROG ..	141
LUPKYNIS	150	magnesium oxide TABS 400 MG ..	22	MASK VORTEX/TODDLER/LADYBUG .	141
lurasidone hcl	61	MAGNESIUM SULFATE IJ 50 % .	148	MAVYRET PACK	67
LUXAMEND CREA	102	magnesium sulfate in dextrose ..	148	MAVYRET TABS	67
LUXIQ FOAM (Use betamethasone valerate)	96	magnesium sulfate IV	147	MAXALT TABS 10 MG (Use rizatriptan benzoate)	144
LUZU (Use luliconazole)	88	MAGNESIUM SULFATE/ SODIUMCHLORIDE 0.9 %-2 GM/50ML	148	MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	144
LYBALVI	174	MAGNESIUM SULFATE/ SODIUMCHLORIDE 0.9 %-2 GM/50ML	148	MAXIDEX SUSP OP	167
LYDEXA CREA	99	MAGOX 400 TABS (Use magnesium oxide (mg supplement))	148	MAXITROL OINT (Use neomycin-polymy-dexameth)	167
LYRICA CAPS (Use pregabalin) ...	31	malathion	101	MAXITROL SUSP (Use neomycin-polymy-dexameth)	167
LYRICA SOLN (Use pregabalin) ...	31	manganese chloride	148	MAXI-TUSS PE LIQD	82
LYSTEDA TABS (Use tranexamic acid)	120	mannitol 10 %, 20 %, 25 %	109	MAXI-TUSS PE MAX LIQD	82
				MAXZIDE TABS (Use triamterene & hydrochlorothiazide)	109

MAXZIDE-25 TABS (Use triamterene & hydrochlorothiazide)	109	megestrol acetate TABS	58	MENATROL CAPS	154
MAYZENT TABS 2 MG	175	MEIJER BLOOD GLUCOSE MONITORING KIT KIT	132	MENEST	112
MEADOW FESCUE GRASS POLLEN EXTRACT	5	MEIJER ESSENTIAL BLOOD GLUCOSE MONITORING SYSTEM KIT	133	MENOSTAR PTWK	112
meclizine hcl CHEW	44	MEIJER PREMIUM BLOOD GLUCOSE MONITORING KIT KIT	133	MENQUADFI	183
meclizine hcl TABS 12.5 MG, 25 MG 44		MEIJER TRUE2GO BLOOD GLUCOSE MONITORING SYSTEM KIT	133	MENS 50+ ADVANCED CAPS ...	154
meclofenamate sodium CAPS	12	MEIJER TRUERESULT BLOOD GLUCOSE MONITORING SYSTEM KIT	133	MENVEO SOLN	183
MEDICATED BUCCAL DNA COLLECTION KIT	107	MEIJER TRUETRACK BLOOD GLUCOSE MONITORING KIT KIT	133	MENVEO SOLR	184
MEDICATED BUCCAL DNA COLLECTION KIT 2	107			meperidine hcl SOLN IJ 25 MG/ML, 50 MG/ML, 100 MG/ML	16
MEDICATED DNA COLLECTIONKIT	107			meperidine hcl SOLN OR 50 MG/5ML	16
MEDROL DOSEPAK TBPK (Use methylprednisolone)	79			meperidine hcl TABS 50 MG	16
MEDROL TABS (Use methylprednisolone)	79	MEKTOVI	59	MEPHYTON TABS (Use phytonadione)	188
MEDROL TABS	79	MELALEUCA EXTRACT	5	mepivacaine hcl SOLN 1 %, 1.5 %, 2 %	125
MEDROLOAN II SUIK	79	meloxicam CAPS	12	meprobamate	23
MEDROLOAN SUIK	79	meloxicam SUSP	12	mercaptopurine TABS	57
medroxyprogesterone acetate (contraceptive) SUSP IM	78	meloxicam TABS	12	meropenem	54
medroxyprogesterone acetate (contraceptive) SUSY IM	78	melphalan	57	MEROPENEM	54
medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG	173	memantine hcl CP24	174	MEROPENEM/SODIUM CHLORIDE	54
mefenamic acid CAPS	12	memantine hcl SOLN 10 MG/5ML 174		mesalamine CP24	114
mefloquine hcl	56	memantine hcl SOLN 2 MG/ML ..	174	mesalamine CPDR	114
megestrol acetate (appetite)	173	memantine hcl TABS 10 MG	174	mesalamine ENEM	114
megestrol acetate SUSP 40 MG/ML .	58	memantine hcl TABS 5 MG	174	mesalamine SUPP	114
megestrol acetate SUSP	58	memantine hcl TABS	174	mesalamine TBEC 1.2 GM	114
		MEMORY COMPLEX BRAIN HEALTH TABS	160	mesalamine TBEC 800 MG	114
		MENACTRA	183	mesalamine w/ cleanser	114
				MESQUITE EXTRACT	5
				MESTINON TABS (Use pyridostigmine bromide)	56

MESTINON TIMESPAN TBCR (Use pyridostigmine bromide)	56	methenamine hippurate	55	METHYLCOBALAMIN SOLR	119
METADATE CD CPR (Use methylphenidate hcl)	3	methenamine mandelate	55	methyldopa TABS	51
METAFOBIC	108	methenamine-hyoscamine-methylene blue-sodium phosphate TABS	54	methylene blue (antidote) SOLN IV 50 MG/10ML	43
METAFOBIC PLUS RF	108	methenamine-hyosc-methylene blue-benzoic acid-phenyl sal	54	METHYLENE BLUE SOSY	43
METANX	108	methenamine-hyosc-methylene blue-sod phos-phenyl sal CAPS	54	methylergonovine maleate SOLN 170	
METAXALL CP	161	methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81 MG-32.4 MG-0.12 MG-40.8 MG	54	methylergonovine maleate TABS 170	
metaxalone	161	methenamine-hyosc-methylene blue-sod phos-phenyl sal TABS 10.8 MG-81.6 MG-0.12 MG-36.2 MG-40.8 MG, 10.8 MG-81.6 MG-36.2 MG-0.12 MG-40.8 MG	54	METHYLIN SOLN (Use methylphenidate hcl)	3
METDRAY	98	methimazole TABS	179	methylphenidate hcl CHEW	3
metformin hcl SOLN	39	METHIONINE/INOSITOL/CHOLINE/CYANOCOBALAMIN	120	methylphenidate hcl CP24 10 MG, 20 MG, 30 MG, 40 MG, 60 MG	3
metformin hcl TABS 1000 MG	39	METHITEST TABS	21	methylphenidate hcl CP24	3
metformin hcl TABS 500 MG	39	methocarbamol SOLN	161	methylphenidate hcl CPR	3
metformin hcl TABS 625 MG	39	methocarbamol TABS 500 MG, 750 MG	161	methylphenidate hcl SOLN 5 MG/5ML	3
metformin hcl TABS 850 MG	39	METHOCARBAMOL TABS	161	methylphenidate hcl SOLN	3
metformin hcl TB24 500 MG, 1000 MG	39	METHOTREXATE	8	methylphenidate hcl TABS	3
metformin hcl TB24 500 MG	39	methotrexate sodium SOLN 1 GM/40ML, 50 MG/2ML, 250 MG/10ML, 1000 MG/40ML	57	methylphenidate hcl TB24 18 MG, 27 MG, 54 MG	3
metformin hcl TB24 750 MG	39	methotrexate sodium SOLR	57	methylphenidate hcl TB24 36 MG ..	3
methadone hcl CONC	16	methotrexate sodium TABS 2.5 MG	57	methylphenidate hcl TBCR 10 MG, 20 MG	3
METHADONE HCL SOLN IJ	16	methoxsalen rapid	90	methylphenidate hcl TBCR 18 MG, 27 MG, 54 MG	3
methadone hcl SOLN OR	16	methscopolamine bromide	180	methylphenidate hcl TBCR 36 MG ..	3
methadone hcl TABS 10 MG	16	methsuximide	33	methylphenidate hcl TBCR 45 MG, 63 MG, 72 MG	3
methadone hcl TABS 5 MG	16			methylphenidate hcl TBCR 72 MG ..	3
methadone hcl TBSO	16			methylphenidate PTCH	3
METHADONE HYDROCHLORIDE SOSY	16			methylprednisolone acetate SUSP 79	
METHADONE HYDROCHLORIDE/SODIUM CHLORIDE 10 MG/ML-0.8 %	16			METHYLPREDNISOLONE ACETATE SUSP	79
methamphetamine hcl	2				
methazolamide TABS	109				

METHYLPREDNISOLONE ACETATE/BUPIVACAINE HYDROCHLORIDE SUSP .....79	metronidazole (topical)) .....101	miconazole nitrate vaginal SUPP 100 MG .....186
methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG 79	METROGEL GEL 1 % (Use metronidazole (topical)) .....101	miconazole nitrate vaginal SUPP 200 MG .....186
methylprednisolone TABS 79	METROLOTION LOTN (Use metronidazole (topical)) .....101	miconazole-zinc oxide-white petrolatum .....88
methylprednisolone TBPK 79	metronidazole (topical) CREA ....101	MICRHOGAM ULTRA- FILTEREDPLUS SOSY IM .....171
METHYLPREDNISOLONE/LIDOCAI NE SUSP .....79	metronidazole (topical) GEL 0.75 % 101	MICROCHAMBER DEVI 141
methyltestosterone CAPS 21	metronidazole (topical) GEL 1 % .101	MICROCHAMBER MISC .....141
metoclopramide hcl SOLN IJ 5 MG/ML .....113	metronidazole (topical) LOTN ....101	MICROCYN GEL .....102
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML 113	METRONIDAZOLE BENZOATE/SYRSPEND SF PH4 53	MICROCYN SKIN AND WOUND HYDROGEL GEL .....102
metoclopramide hcl SOLN OR 5 MG/5ML, 10 MG/10ML 114	metronidazole CAPS .....53	MICRODOT BLOOD GLUCOSE MONITORING SYSTEM KIT .....133
metoclopramide hcl TABS .....114	metronidazole SOLN .....53	MICROPLEGIA MSA/MSG .....72
metoclopramide hcl TBDP .....114	metronidazole TABS .....53	MICROSPACER MISC .....141
metolazone .....110	metronidazole vaginal .....185	MICURADERM EMUL .....91
METOPIRONE .....105	mexiletine hcl .....24	midazolam hcl SOLN IJ .....122
metoprolol & hydrochlorothiazide TABS .....52	MG PLUS PROTEIN TABS 160	midazolam hcl SYRP .....122
metoprolol succinate TB24 200 MG 69	MIACALCIN IJ (Use calcitonin (salmon)) .....110	MIDAZOLAM HYDROCHLORIDE SOSY .....122
metoprolol succinate TB24 25 MG, 50 MG, 100 MG .....69	MICAFUNGIN .....45	MIDAZOLAM HYDROCHLORIDE/SODIUM CHLORIDE SOLN IV 0.9 %-50 MG/50ML .....122
metoprolol tartrate SOLN IV 5 MG/5ML .....69	micafungin sodium .....45	MIDAZOLAM HYDROCHLORIDE/SODIUM CHLORIDE SOSY 0.9 %-2 MG/2ML, 0.9 %-5 MG/5ML, 0.9 %-55 MG/55ML .....122
metoprolol tartrate TABS 100 MG .69	MICARDIS (Use telmisartan) .....50	MIDAZOLAM SOLN .....122
metoprolol tartrate TABS 25 MG ..69	MICARDIS HCT (Use telmisartan- hydrochlorothiazide) .....52	MIDAZOLAM SOSY IJ 2 MG/2ML, 3 MG/3ML, 5 MG/5ML .....122
metoprolol tartrate TABS 37.5 MG, 50 MG, 75 MG .....69	MICATIN CREA (Use miconazole nitrate (topical)) .....88	MIDAZOLAM/SODIUM CHLORIDE .
metoprolol tartrate TABS 50 MG ..69	miconazole nitrate (topical) CREA .88	
METROCREAM CREA (Use	miconazole nitrate vaginal CREA 2 %186	
	miconazole nitrate vaginal CREA 4 %186	
	miconazole nitrate vaginal KIT ...186	

122	minoxidil 2.5 MG 53	MM BLOOD GLUCOSE MONITORING SYSTEM KIT 133
MIDAZOLAM/SODIUM CHLORIDE SOSY 122	MIOCHOL-E SOLR 165	MM BLULINK GLUCOSE MONITORING SYSTEM DEVI ... 133
MIDAZOLAM/SYRSPEND SF PH4 SUSP 122	MIOSTAT IO 165	MM BLULINK GLUCOSE TEST STRIPS STRP 107
midazolam-sodium chloride 122	mirabegron TB24 183	MM EASY TOUCH BLOOD GLUCOSE METER KIT 133
midodrine hcl 187	MIRALAX POWD (Use polyethylene glycol 3350) 123	M-M-R II SOLR 184
MIEBO 169	MIRAPEX ER TB24 (Use pramipexole dihydrochloride) 60	modafinil 3
miglitol 38	MIRCETTE (Use desogestrel-ethinyl estradiol (biphasic)) 77	MODAFINIL 75
MIGRANOW 144	mirtazapine TABS 15 MG 34	MODERNA COVID-19 VACCINE SUSP 184
MIL ADREGEN TABS 160	mirtazapine TABS 30 MG 34	MODERNA COVID-19 VACCINE, BIVALENT ORIGINAL AND OMICRON 184
milrinone lactate 72	mirtazapine TABS 7.5 MG, 45 MG 34	MODERNA COVID-19 VACCINE/6MO-11Y/2023-24 SUSP . 184
milrinone lactate in dextrose 72	mirtazapine TBDP 15 MG 34	MODERNA COVID-19 VACCINE/BIVALENT/6MO-5Y .. 184
MINASTRIN 24 FE CHEW (Use norethin acet & estrad-fe) 77	mirtazapine TBDP 30 MG 34	MODERNA COVID-19 VACCINE/6MO-5Y SUSP 184
MINIELITE FILTER REPLACEMENTS MISC 141	mirtazapine TBDP 45 MG 34	MODERNA COVID-19 VACCINE/BA.4/BA.5 184
MINIPRESS CAPS (Use prazosin hcl) 51	MIRVASO (Use brimonidine tartrate (topical)) 101	MODERNA COVID-19 VACCINE/6MO-5Y SUSP 184
MINIVELLE PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol) 112	misoprostol 182	MODERNA COVID-19 VACCINE/BA.4/BA.5 184
MINIVELLE PTTW 0.0375 MG/24HR (Use estradiol) 112	MITIGARE CAPS (Use colchicine) 117	MODERNA COVID-19 VACCINE/BA.4/BA.5 184
MINOCIN SOLR 178	mitomycin SOLR IV 58	MODERNA COVID-19 VACCINE/BA.4/BA.5 184
minocycline hcl CAPS 178	MITOMYCIN SOSY 0.02 % 166	moexipril hcl 50
minocycline hcl CP24 179	MITOSOL KIT 166	MOI-STIR SOLN 152
minocycline hcl TABS 179	MIXED FEATHERS EXTRACT 5	molindone hcl 63
minocycline hcl TB24 45 MG, 90 MG, 105 MG, 135 MG 179	MIXED RAGWEED EXTRACT 5	mometasone furoate CREA 96
minocycline hcl TB24 179	MIXED VESPID VENOM PROTEIN SOLR IJ 5	mometasone furoate OINT 96
MINOLIRA TB24 179	MLK F1 KIT 79	mometasone furoate SOLN 96
minoxidil 10 MG 53	MLK F2 KIT 79	MONISTAT 3 COMBINATION PACK KIT (Use miconazole nitrate vaginal) . 186
	MLK F3 KIT 79	MONISTAT 3 CREA (Use
	MLK F4 KIT 79	

miconazole nitrate vaginal)	186	MG/ML, 8 MG/ML, 10 MG/ML, 50	MOUNTAIN CEDAR EXTRACT SC 5
MONISTAT 7 SIMPLY CURE CREA		MG/ML	MOUNTAIN CEDAR POLLEN
(Use miconazole nitrate vaginal) .	186	morphine sulfate SOLN IV 4 MG/ML,	EXTACT
MONISTAT CARE INSTANT ITCH		8 MG/ML, 10 MG/ML, 50 MG/ML ..	105
RELIEF MAXIMUM STRENGTH		morphine sulfate SOLN OR 10	MOUNTAIN CEDAR POLLEN
(Use hydrocortisone vaginal)	186	MG/5ML, 20 MG/5ML	EXTRACT IJ
MONJUVI	57	morphine sulfate SOLN OR 10	5
MONOFERRIC	120	MG/5ML	MOUSE EPITHELIA EXTRACT
MONOJECT BONE MARROW		morphine sulfate SOLN OR 20	5
BIOPSY TRAY/BIOP ASPIR		MG/ML, 100 MG/5ML	MOUSE EPITHELIUM EXTRACT ..
NEEDLE 11GX4" KIT	125	morphine sulfate SOLN OR 20	152
MONOJECT BONE MARROW		MG/ML	MOUTH KOTE REMINT SOLN ..
BIOPSY TRAY/BIOP ASPIR		morphine sulfate SUPP	152
NEEDLE 8GX4" KIT	125	morphine sulfate TABS	MOVANTIK
MONOJECT BONE MARROW		morphine sulfate TBCR	115
BIOPSY TRAY/STERNAL-ILIAC		MORPHINE SULFATE/SODIUM	MOVIPREP (Use peg 3350-kcl-nacl-
NEEDLE 16G KIT	125	CHLORIDE SOLN IV 1 MG/ML-0.9	na sulfate-na ascorbate-ascorbic
MONOVISC	161	%, 100 MG/100ML-0.9 %, 50	acid)
MONSELS FERRIC SUBSULFATE .	121	MG/50ML-0.9 %, 500 MG/100ML-0.9	123
121		%	moxifloxacin hcl (ophth) SOLN OP
montelukast sodium CHEW	25	MORPHINE SULFATE/SODIUM	166
montelukast sodium PACK	25	CHLORIDE SOSY IV 1 MG/ML-0.9	moxifloxacin hcl in sodium chloride
montelukast sodium TABS	25	%, 150 MG/30ML-0.9 %, 2 MG/ML-	113
MONUROL (Use fosfomycin		0.9 %, 30 MG/30ML-0.9 %, 4	moxifloxacin hcl TABS
tromethamine)	55	MG/ML-0.9 %, 50 MG/50ML-0.9 %, 55	113
MOOD FOOD CAPS	154	MG/55ML-0.9 %	MOXIFLOXACIN HYDROCHLORIDE
MOOD FOOD ES CAPS	154	MOSQUITO EXTRACT	SOLN IO 1 MG/ML, 5 MG/ML
morphine sulfate beads	16	MOTTEGRITY	166
morphine sulfate CP24 10 MG, 20		MOTTEGRITY 2 MG	MOXIFLOXACIN HYDROCHLORIDE
MG, 30 MG, 50 MG, 60 MG, 80 MG,		MOTOFEN	SOSY IO 0.16 %, 0.3 MG/0.3ML .
100 MG	16	MOTPOLY XR CP24	166
morphine sulfate for continuous		MOTRIN CHILDRENS CHEW (Use	MOXIFLOXACIN
microinfusion	16	ibuprofen)	HYDROCHLORIDE/SODIUM
MORPHINE SULFATE SOLN IV 0.5		MOTRIN INFANTS DROPS SUSP	CHLORIDE
MG/ML, 1 MG/ML, 2 MG/ML, 4		(Use ibuprofen)	166
		MOUNJARO	MOXIFLOXACIN SOLN IO
			166
			MPM PAK
			170
			MRESVIA SUSY IM 50 MCG/0.5ML .
			184
			MS CONTIN TBCR (Use morphine
			sulfate)
			17
			MUCINEX D MAXIMUM STRENGTH
			TB12 (Use pseudoephedrine-
			guaifenesin)
			82
			MUCINEX D TB12 (Use

pseudoephedrine-guaifenesin) 82	MULTIVITAMIN TABS 155	mycophenolate mofetil TABS 150
MUCINEX DM TB12 (Use dextromethorphan-guaifenesin) . . . 82	MULTIVITAMIN W/IRON/INFANT/TODDLER SOLN 157	mycophenolate sodium 150
MUCINEX MAXIMUM STRENGTH TB12 (Use guaifenesin) 83	MULTRYIS 149	MYCOZYL HC GEL 88
MUCINEX TB12 (Use guaifenesin) 83	mupirocin calcium (topical) 87	MYCOZYL HC LIQD 88
MUCOSITISRX PACK 152	mupirocin OINT 87	MYDAYIS CP24 (Use amphetamine- dextroamphetamine) 2
MUGWORT EXTRACT 5	MUSCUSOLICE 86	MYDRIACYL SOLN (Use tropicamide) 165
MULTAQ 24	MVASI 57	MYFEMBREE 112
MULTI VITAMIN TABS 155	MVW COMPLETE FORMULATION CAPS 154	MYFORTIC (Use mycophenolate sodium) 150
MULTI VITAMIN/D-3 TABS 155	MVW COMPLETE FORMULATION CHEW 156	MYGLUCOHEALTH BLOOD GLUCOSE MONITORING SYSTEM KIT 133
MULTIA CAPS 154	MVW COMPLETE FORMULATIOND3000 CAPS . . . 154	MYHIBBIN SUSP 150
MULTIGEN 120	MVW COMPLETE FORMULATIOND3000 CHEW . . 156	MYLERAN TABS 57
MULTIGEN FOLIC 120	MVW COMPLETE FORMULATIOND500 CAPS 154	MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone) 113
MULTIGEN PLUS 120	MVW COMPLETE FORMULATIOND5000 CHEW . . 156	MYLICON INFANTS GAS RELIEF SUSP (Use simethicone) 113
MULTI-MAC 158	MVW COMPLETE FORMULATIONMINIS CAPS . . . 154	MYRBETRIQ SRER 183
multiple vitamin TABS 155	MVW MODULATOR FORMULATION CAPS 154	MYRBETRIQ TB24 (Use mirabegron) 183
multiple vitamins w/ calcium TABS 153	MVW MODULATOR FORMULATION MINIS CAPS 154	MYRBETRIQ TB24 183
multiple vitamins w/ iron TABS . . 153	MYAMBUTOL TABS 400 MG (Use ethambutol hcl) 56	MYSOLINE (Use primidone) 31
multiple vitamins w/ minerals CAPS 154	MYCOBUTIN (Use rifabutin) 56	MYTESI 42
MULTI-SPECIALTY KIT KIT 79	MYCOPHENOLATE MOFETIL . . . 75	NABI-HB SOLN IM 171
MULTITRACE-4 NEONATAL . . . 148	mycophenolate mofetil CAPS . . . 150	nabumetone 12
MULTITRACE-4 PEDIATRIC . . . 149	mycophenolate mofetil hcl 150	N-ACETYL-L-CARNOSINE 76
MULTIVITAMIN ADULT TABS . . 155	mycophenolate mofetil SUSR . . . 150	nadolol TABS 20 MG, 40 MG, 80 MG 69
MULTIVITAMIN GUMMIES CHILDRENS CHEW 156		NAFCILLIN 172
MULTIVITAMIN INFANT & TODDLER SOLN OR 157		
MULTIVITAMIN INFANT/TODDLER SOLN OR 157		

nafcillin sodium IJ 1 GM, 2 GM ...	172	NAMZARIC C4PK	174	NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	162
NAFRINSE DAILY/ACIDULATED 151		NAMZARIC CP24	174	NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal)) .	162
NAFRINSE DAILY/NEUTRAL SOLR . 151		NANRAN	87	NASALCROM (Use cromolyn sodium (nasal))	162
NAFRINSE WEEKLY SOLR	151	naphazoline w/ pheniramine	166	NATACHEW CHEW 120 MG-10 MG- 20 UNIT-1 MG-400 UNIT-12 MCG-3 MG-20 MG-2 MG-2700 UNIT-28 MG 158	
naftifine hcl CREA	88	NAPHCAN-A (Use naphazoline w/ pheniramine)	166	NATACYN	166
naftifine hcl GEL 2 %	88	NAPRELAN TB24 (Use naproxen sodium)	12	NATAL PNV TABS	158
NAFTIN GEL (Use naftifine hcl) ...	88	NAPRELAN TB24 500 MG (Use naproxen sodium)	12	NATAZIA	77
NAFTIN GEL	88	NAPRO 15% COMPOUNDING KIT . 89		nateglinide	42
nalbuphine hcl	20	NAPROSYN SUSP (Use naproxen) 12		nateglinide 60 MG	42
NALFON CAPS (Use fenoprofen calcium)	12	NAPROSYN TABS 500 MG (Use naproxen)	12	NATESTO GEL NA	21
NALFON TABS (Use fenoprofen calcium)	12	NAPROSYN TABS 500 MG (Use naproxen)	12	NATROBA (Use spinosad)	101
NALOXONE HCL DIHYDRATE ...	76	NAPROSYN TABS 500 MG (Use naproxen)	12	NATURAL FIBER LAXATIVE POWD 123	
naloxone hcl LIQD	43	NAPROSYN TABS 500 MG (Use naproxen)	12	NAYZILAM	29
naloxone hcl SOCT	43	NAPROSYN TABS 500 MG (Use naproxen)	12	neбиволol hcl	69
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	43	NAPROSYN TABS 500 MG (Use naproxen)	12	NEBULIZER AIR TUBE/PLUGS MISC	141
naloxone hcl SOSY	43	NAPROSYN TABS 500 MG (Use naproxen)	12	NEBULIZER CUP/TUBING DEVI 141	
NALOXONE HYDROCHLORIDE DIHYDRATE	76	NAPROSYN TABS 500 MG (Use naproxen)	12	NEBULIZER MASK ADULT MISC 141	
NALTREX	14	NAPROSYN TABS 500 MG (Use naproxen)	12	NEBULIZER MASK CHILD MISC 141	
naltrexone hcl	43	NAPROSYN TABS 500 MG (Use naproxen)	12	NEBUSAL NEBU	83
NAMENDA TABS 10 MG (Use memantine hcl)	174	NAPROSYN TABS 500 MG (Use naproxen)	12	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	158
NAMENDA TABS 5 MG (Use memantine hcl)	174	NAPROSYN TABS 500 MG (Use naproxen)	12		
NAMENDA TITRATION PAK TABS (Use memantine hcl)	174	NAPROSYN TABS 500 MG (Use naproxen)	12		
NAMENDA XR CP24 (Use memantine hcl)	174	NARATRIPTAN HCL	145		
		NARCAN LIQD (Use naloxone hcl) 43			
		NARDIL (Use phenelzine sulfate) .	35		

nefazodone hcl	37	NEOSPORIN PLUS PAIN RELIEF MAXIMUM STRENGTH (Use neomycin-polymyxin w/ pramoxine)	(Use coal tar extract)	102
nelarabine	57	87	NEVANAC	169
NEMBUTAL SODIUM SOLN (Use pentobarbital sodium)	121	NEOSTIGMINE METHYLSULFATE SOLN IV 3 MG/3ML, 5 MG/10ML, 10 MG/10ML	nevirapine SUSP	65
NENDRUX	99	56	nevirapine TABS	65
NEOMULTIVITE TABS	155	neostigmine methylsulfate SOLN IV 5 MG/10ML, 10 MG/10ML	nevirapine TB24 100 MG	65
neomycin sulfate TABS	7	56	nevirapine TB24 400 MG	65
neomycin/polymyxin b gu	116	neostigmine methylsulfate SOSY ..	NEXIUM 24HR CLEAR MINIS CPDR (Use esomeprazole magnesium) ..	182
neomycin-bacitracin zn-polymyxin 166		56	NEXIUM 24HR CPDR (Use esomeprazole magnesium)	182
neomycin-bacitracin-polymyxin OINT 87		NEOSTIGMINE METHYLSULFATE SOSY	NEXIUM CPDR (Use esomeprazole magnesium)	182
neomycin-polymy-dexameth OINT 167		87	NEXIUM PACK (Use esomeprazole magnesium)	182
neomycin-polymy-dexameth SUSP 167		NEO-SYNALAR	NEXIUM PACK	182
neomycin-polymyxin w/ pramoxine 87		87	NEXLETOL	47
neomycin-polymyxin-gramicidin .	166	NEO-SYNALAR KIT	NEXLIZET	47
neomycin-polymyxin-hc (ophth) .	167	NEPHPLEX RX	NEXTERONE	24
neomycin-polymyxin-hc (otic) SOLN .	170	152	NEXTSTELLIS	77
neomycin-polymyxin-hc (otic) SUSP .	170	NEPHRON FA	NEXVIAZYME	111
NEONATAL 19	158	120	NGENLA	110
NEONATAL FE	158	NETSACAIN IJ	niacin (antihyperlipidemic) TABS ..	49
NEONATAL/DHA MISC	158	NESTABS	niacin (antihyperlipidemic) TBCR ..	49
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	150	158	niacin CPCR 250 MG, 500 MG ...	188
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	150	NESTABS DHA	niacin TABS 500 MG	188
NEOSALUS FOAM	100	158	niacin TBCR	188
NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin) ...	87	NETTLE POLLEN EXTRACT	NIACIN TR TBCR	188
		5	NIASPAN TBCR (Use niacin (antihyperlipidemic))	49
		NEUAC KIT	nicardipine hcl CAPS	71
		85	nicardipine hcl SOLN	71
		NEULUMEX SUSP OR	NICARDIPINE	
		108		
		NEUPRO		
		60		
		NEURACEQ		
		106		
		NEURONTIN CAPS (Use gabapentin)		
		31		
		NEURONTIN SOLN (Use gabapentin)		
		31		
		NEURONTIN TABS 600 MG (Use gabapentin)		
		31		
		NEURONTIN TABS 800 MG (Use gabapentin)		
		31		
		NEUTRASAL PACK		
		152		
		NEUTROGENA T/GEL SHAM 0.5 %		

HYDROCHLORIDE/SODIUM CHLORIDE SOSY 0.9 %-1 MG/10ML	71	NIPENT	59	NIX CREME RINSE LIQD EX (Use permethrin)	101
NICODERM CQ PT24 TD (Use nicotine)	176	nisoldipine	71	nizatidine CAPS	181
NICORETTE GUM (Use nicotine polacrilex)	176	NITAZOXANIDE	76	NIZORAL SHAM	88
NICORETTE LOZG (Use nicotine polacrilex)	176	nitazoxanide TABS	54	NOCDURNA SUBL	111
NICORETTE MINI LOZG (Use nicotine polacrilex)	176	NITHIODOTE	43	NORDITROPIN FLEXPPO SOPN 110	
NICORETTE STARTER KIT GUM (Use nicotine polacrilex)	176	NITRO-BID OINT	22	norelgestromin-ethinyl estradiol ...	77
NICOTINAMIDE RIBOSIDE CHLORIDE	76	NITRO-DUR PT24 (Use nitroglycerin)	23	NOREPHINEPHRINE BITARTRATE/SODIUM CHLORIDE SOLN	187
nicotine MISC XX	176	NITRO-DUR PT24	23	norepinephrine bitartrate IV	187
nicotine polacrilex GUM	176	nitrofurantoin	55	NOREPINEPHRINE BITARTRATE IV	187
nicotine polacrilex LOZG	176	NITROFURANTOIN	55	NOREPINEPHRINE BITARTRATE/DEXTROSE SOLN 5 %-16 MG/250ML, 5 %-4 MG/250ML, 5 %-8 MG/250ML, 5 %-8 MG/500ML	187
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	176	nitrofurantoin macrocrystal 25 MG	55	NOREPINEPHRINE BITARTRATE/SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-4 MG/250ML, 0.9 %-8 MG/250ML .	187
nicotine PT24 TD 7 MG/24HR, 14 MG/24HR, 21 MG/24HR	177	nitrofurantoin macrocrystal 50 MG, 100 MG	55	NOREPINEPHRINE/DEXTROSE SOLN	187
NICOTINE TRANSDERMAL SYSTEM KIT	176	nitrofurantoin monohyd macro	55	NOREPINEPHRINE/SODIUM CHLORIDE SOLN 0.9 %-16 MG/250ML, 0.9 %-8 MG/250ML, 0.9 %-8 MG/500ML	187
NICOTROL INHALER INHA	177	NITROFURANTOIN MONOHYDRATE	76	norethin acet & estrad-fe CAPS ...	77
NICOTROL NS SOLN	177	nitroglycerin (intra-anal)	22	norethin acet & estrad-fe CHEW ...	77
nifedipine CAPS 20 MG	71	nitroglycerin CPCR	23	norethin acet & estrad-fe TABS 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	77
nifedipine CAPS	71	nitroglycerin in d5w	23	norethindrone & eth estradiol	77
nifedipine TB24	71	nitroglycerin PT24	23	norethindrone & ethinyl estradiol-fe	77
NIFEREX TABS	120	NITROGLYCERIN SOLN IV	23		
nilutamide	58	nitroglycerin SOLN TL 0.4 MG/SPRAY	23		
NIMBEX SOLN (Use cisatracurium besylate)	163	nitroglycerin SUBL	23		
nimodipine CAPS	71	NITROMIST AERS	23		
		nitroprusside sodium	53		
		nitroprusside sodium-sodium chloride	53		
		NITROSTAT SUBL (Use nitroglycerin)	23		
		NIVA THYROID TABS	179		

norethindrone (contraceptive)	78	besylate)	71	FLEXPEN RELION SUPN	41
norethindrone acet & eth estra	77	NORVASC TABS 10 MG (Use		NOVOLOG MIX 70/30 PREFILLED	
norethindrone acetate TABS	173	amlodipine besylate)	71	FLEXPEN SUPN	41
norethindrone acetate-ethinyl		NORVASC TABS 5 MG, 10 MG (Use		NOVOLOG MIX 70/30 RELION	
estradiol	112	amlodipine besylate)	71	SUSP	41
norethindrone acetate-ethinyl		NORVIR PACK	65	NOVOLOG MIX 70/30 SUSP	41
estradiol-fe	77	NORVIR SOLN	65	NOVOLOG PENFILL SOCT	41
norethindrone-eth estradiol (triphasic)		NORVIR TABS (Use ritonavir)	65	NOVOLOG RELION SOLN IJ	41
.....	77	NOSE CLIP MISC	141	NOVOLOG SOLN IJ	41
norgestimate-ethinyl estradiol		NOVA MAX BLOOD GLUCOSE		NOXAFIL PACK	45
(triphasic)	77	MONITORING SYSTEM DEVI ...	133	NP THYROID 120 TABS	179
norgestimate-ethinyl estradiol	77	NOVA MAX BLOOD GLUCOSE		NP THYROID 15 TABS	179
norgestrel & ethinyl estradiol 30		MONITORING SYSTEM KIT	133	NP THYROID 30 TABS	179
MCG-0.3 MG	77	NOVACHOR	102	NP THYROID 60 TABS	179
NORITATE CREA	101	NOVAVAX COVID-19 VACCINE	184	NP THYROID 90 TABS	179
NORLIQVA SOLN	71	NOVAVAX COVID-19		NUBEQA	58
NORMOSOL -R	146	VACCINE/2023-24	184	NUCEL	102
NORMOSOL-M/D5W	147	NOVOLIN 70/30 FLEXPEN RELION		NUCORT LOTN	96
NORMOSOL-R	147	SUPN	41	NUCYNTA ER TB12	17
NORMOSOL-R/5% DEXTROSE	147	NOVOLIN 70/30 FLEXPEN SUPN	41	NUCYNTA TABS	17
NORPACE CAPS (Use disopyramide		NOVOLIN 70/30 RELION SUSP ..	41	NUDROXIPAK	12
phosphate)	24	NOVOLIN 70/30 SUSP	41	NUDROXIPAK DSDR-50	12
NORPACE CR CP12 100 MG	24	NOVOLIN N FLEXPEN RELION		NUDROXIPAK DSDR-75	12
NORPACE CR CP12 150 MG	24	SUPN	41	NUDROXIPAK E-400	12
NORPRAMIN TABS 10 MG (Use		NOVOLIN N FLEXPEN SUPN	41	NUDROXIPAK I-800	12
desipramine hcl)	38	NOVOLIN N RELION SUSP	41	NUDROXIPAK M-15	12
NORPRAMIN TABS 25 MG (Use		NOVOLIN N SUSP	41	NUDROXIPAK N-500	12
desipramine hcl)	38	NOVOLIN R RELION SOLN IJ	41	NUEDEXTA	175
NORTHERN QUAHOG CLAM		NOVOLIN R SOLN IJ	41	NUFERA TABS	120
ALLERGENIC EXTRACT	105	NOVOLOG FLEXPEN RELION		NUJO SOLN	98
nortriptyline hcl CAPS	38	SOPN	41	NULIBRY	111
nortriptyline hcl SOLN	38	NOVOLOG FLEXPEN SOPN	41		
NORVASC TABS (Use amlodipine		NOVOLOG MIX 70/30 PREFILLED			

NUMBRINO	162	250 UNIT-15 MCG-25 MG-15 MG-20	olanzapine TBDP	62
NUMOISYN LIQD	152	MG-18 MG-38 MG-1 MG-225 MG	olanzapine-fluoxetine hcl	174
NUPLAZID CAPS	61	158	OLINVYK	17
NUPLAZID TABS 10 MG	61	OCEAN NASAL SPRAY SOLN (Use	OLIVE TREE EXTRACT	5
NUSHIELD 1.6CM DISK	102	saline)	olmesartan medoxomil	50
NUSURGEPAK SURGICAL		OCTAGAM SOLN 30 GM/300ML	OLMESARTAN MEDOXOMIL	76
PREP/CAREPAK	100	171	olmesartan medoxomil-amlodipine-	
NUVARING (Use etonogestrel-		OCTAPLAS BLOOD GROUP A .	hydrochlorothiazide	52
ethinyl estradiol)	77	118	olmesartan medoxomil-	
NUVESSA	186	OCTAPLAS BLOOD GROUP AB	hydrochlorothiazide	52
NUVIGIL (Use armodafinil)	3	118	olmesartan medoxomil-	
NUWIQ KIT	117	OCTAPLAS BLOOD GROUP B .	hydrochlorothiazide	52
NUWIQ SOLR	117	118	olopatadine hcl (nasal)	162
NUZYRA SOLR	178	OCTAPLAS BLOOD GROUP O .	OLUMIANT	8
NUZYRA TABS	178	118	OLUX FOAM (Use clobetasol	
NYSTATIN (Use nystatin (mouth-		octreotide acetate SOSY	propionate)	96
throat))	151	111	OLUX-E (Use clobetasol propionate	
nystatin (mouth-throat)	151	OCUFLOX (Use ofloxacin (ophth))	emulsion)	96
nystatin (topical) CREA	88	166	OMBRA COMPRESSOR AIR	
nystatin (topical) OINT	88	OCUVEL CAPS 250 MG-0.5 MG-5	FILTERS MISC	141
nystatin (topical) POWD EX	88	MG-1 MG-40 MG-1 MG-200 UNIT	OMBRA TABLE TOP	
nystatin TABS	45	154	COMPRESSOR DEVI	141
nystatin-triamcinolone CREA	88	OCUVITE ADULT 50+ CAPS	OMECLAMOX-PAK	182
nystatin-triamcinolone OINT	88	154	omega-3 fatty acids CAPS	163
OAT ALLERGENIC EXTRACT ..	105	OCUVITE ADULT FORMULA CAPS .	omega-3-acid ethyl esters	47
OB COMPLETE ONE	158	154	OMEGAVEN	163
OB COMPLETE PETITE	158	OCUVITE LUTEIN CAPS	OMEPRAZOLE + SYRSPEND	
OB COMPLETE PREMIER	158	5	SFALKA SUSP	182
OB COMPLETE TABS	158	ODACTRA SUBL	omeprazole CPDR	182
OB COMPLETE/DHA	158	5	omeprazole magnesium TBEC ...	182
OBSTETRIX ONE 30 MG-15 UNIT-		ODEFSEY	omeprazole TBEC	182
		65	omeprazole-sodium bicarbonate	
		OFEV	CAPS	182
		178	omeprazole-sodium bicarbonate	
		OFIRMEV SOLN IV (Use	PACK	182
		acetaminophen)		
		14		
		ofloxacin (ophth)		
		166		
		ofloxacin (otic)		
		170		
		ofloxacin 300 MG		
		113		
		ofloxacin 400 MG		
		113		
		OGIVRI		
		58		
		olanzapine SOLR		
		62		
		olanzapine TABS		
		62		

OMEZA COLLAGEN MATRIX ...102	OMNITROPE SOLR SC .....110	GUMMIES CHEW (Use pediatric multiple vitamin w/ minerals) 156
OMISIRGE 58	OMVOH SOAJ .....114	ONE-A-DAY WOMENS FORMULA TABS (Use multiple vitamins w/ calcium) .....153
OMNARIS SUSP 162	ON CALL EXPRESS BLOOD GLUCOSE MONITORING SYSTEM KIT 133	ONE-A-DAY/JOLLY RANCHER CHEW .....156
OMNICAP TABS .....155	ONCOZENE 100UM .....136	ONE-DAILY MULTI CAPS CAPS 154
OMNIFLEX DIAPHRAGM 126	ONCOZENE 40UM 136	ONETOUCH ULTRA 2 KIT .....133
OMNIPAQUE SOLN CO 300 MG/ML, 350 MG/ML 108	ONCOZENE 75UM 136	ONETOUCH ULTRA CONTROL LIQD 133
OMNIPOD 5 G6 INTRO KIT (GEN 5) KIT 133	ondansetron hcl SOLN IJ 44	ONETOUCH ULTRA CONTROL SOLUTION LIQD 133
OMNIPOD 5 G6 PODS (GEN 5) MISC 133	ondansetron hcl SOLN OR 4 MG/5ML .....44	ONETOUCH ULTRA CONTROL STRP 107
OMNIPOD 5 G7 INTRO KIT (GEN 5) KIT 133	ondansetron hcl SOSY 44	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM DEVI 133
OMNIPOD 5 G7 PODS (GEN 5) MISC 133	ondansetron hcl TABS 24 MG .....44	ONETOUCH VERIO FLEX BLOOD GLUCOSE MONITORING SYSTEM KIT 134
OMNIPOD CLASSIC PDM STARTER KIT (GEN 3) KIT 133	ondansetron hcl TABS 4 MG, 8 MG 44	ONETOUCH VERIO LEVEL 3 CONTROL SOLUTION LIQD .....134
OMNIPOD CLASSIC PODS (GEN 3) MISC 133	ondansetron TBDP 44	ONETOUCH VERIO LEVEL 4 CONTROL SOLUTION LIQD .....134
OMNIPOD DASH INTRO KIT (GEN 4) KIT 133	ONE DAILY ESSENTIAL TABS ..155	ONETOUCH VERIO REFLECT KIT 134
OMNIPOD DASH PDM KIT (GEN 4) KIT 133	ONE DAILY ESSENTIALS TABS 155	ONETOUCH VERIO TEST STRIPS STRP 107
OMNIPOD DASH PODS (GEN 4) MISC 133	ONE DROP BLOOD GLUCOSE MONITORING SYSTEM KIT .....133	ONE-WAY VALVED EXPIRATORYMOUTHPIECE/DISPOSABLE MISC 141
OMNIPOD GO 10 UNITS/DAY KIT 133	ONE FLOW FVC MONITORING SPIROMETER DEVI .....141	ONE-WAY VALVED INSPIRATORY MOUTHPIECE/DISPOSABLE MISC . 141
OMNIPOD GO 15 UNITS/DAY KIT 133	ONE FLOW TESTER TUBE MOUTHPIECE MISC .....141	ONEXTON GEL (Use clindamycin phosphate-benzoyl peroxide) .....85
OMNIPOD GO 25 UNITS/DAY KIT 133	ONE VITE DAILY MULTIVITAMIN TABS .....155	ONEXTON GEL .....85
OMNIPOD GO 35 UNITS/DAY KIT 133	ONE-A-DAY ADULT VITACRAVES MULTI+OMEGA-3 DHA GUMMIES CHEW .....155	
OMNIPOD POD PALS .....133	ONE-A-DAY ESSENTIAL TABS (Use multiple vitamin) 155	
OMNITROPE SOCT .....110	ONE-A-DAY MENS TABS (Use multiple vitamin) 155	
	ONE-A-DAY SCOOBY-DOO	

ONFI SUSP (Use clobazam)	29	(rosacea)	101	orphenadrine citrate TB12	161
ONFI TABS (Use clobazam)	30	ORACIT	116	ORTHO DF CAPS	120
ONGENTYS	59	ORAFATE PSTE	152	ORTHO-FOLIC CAPS	120
ONGLYZA (Use saxagliptin hcl) ..	39	ORAL CITRATE	116	ORTHOVISC	161
ONTRUZANT	58	oral electrolytes SOLN	147	ORTIKOS CP24	79
ONZDEAXIADEMTAR GEL	85	ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	152	OSELTAMIVIR PHOSPHATE	76
ONZDEAXIADEMVAR GEL	85	ORALAIR ADULT STARTER PACK SUBL	5	oseltamivir phosphate CAPS 30 MG . 67	
ONZDEAXIAZAR	85	ORALAIR CHILDREN/ADOLESCENTS STARTER PACK SUBL	5	oseltamivir phosphate CAPS 45 MG, 75 MG	67
ONZETRA XSAIL EXHP	145	ORALAIR SUBL	5	oseltamivir phosphate SUSR	67
OPCON-A (Use naphazoline w/ pheniramine)	166	ORANGE ALLERGENIC EXTRACT . 105		OSENI	38
OPDIVO	57	ORAPRED ODT TBDP (Use prednisolone sodium phosphate) ..	79	OSENI 45 MG-12.5 MG (Use alogliptin-pioglitazone)	38
opium tincture	43	ORAVIG	151	OSMOLEX ER TB24 129 MG, 193 MG	60
OPSUMIT	73	ORCHARD GRASS POLLEN EXTRACT	5	OSMOPREP	123
OPSYNVI	73	OREGON ASH POLLEN EXTRACT . 5		OSPHENA	111
OPTICHAMBER DIAMOND DEVI 141		ORENCIA CLICKJECT SOAJ	13	OSTEOCONDUCTIVE MATRIX PLUS	103
OPTICHAMBER DIAMOND MISC 141		ORENCIA SOLR	13	OTEZLA TABS	13
OPTICHAMBER DIAMOND/LARGEFACE MASK DEVI	141	ORENCIA SOSY	13	OTEZLA TBPK	13
OPTICHAMBER DIAMOND/MEDIUM FACE MASK MISC	141	ORENITRAM TBCR	73	OTIPRIO	170
OPTICHAMBER DIAMOND/SMALLFACE MASK MISC	141	ORILISSA	110	OTOVEL	170
OPTUNE	136	ORKAMBI PACK	177	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	8
OPTUNE LUA	136	ORKAMBI TABS	177	OTREXUP SOAJ 10 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	8
OPVEE NA	43	orlistat	2	OTREXUP SOAJ 12.5 MG/0.4ML ..	8
OPZELURA	97	ORLISTAT	76	OVACE PLUS CREA	91
ORABLOC	124	orphenadrine citrate SOLN	161		
ORACEA (Use doxycycline					

OVACE PLUS FOAM	91	OXISTAT LOTN	88	OXYTOCIN/LACTATED RINGERS 15 UNIT/250ML-775 MG/250ML-75 MG/250ML-1.5 GM/250ML-50 MG/250ML, 20 UNIT/L-3.1 GM/L-300 MG/L-6 GM/L-200 MG/L, 30 UNIT/500ML-1.55 GM/500ML-0.15 GM/500ML-3 GM/500ML-0.1 GM/500ML	171
OVACE PLUS LOTN	91	OXLUMO	116	OXYTOCIN/SODIUM CHLORIDE 15 UNIT/250ML-0.9 %, 20 UNIT/L-0.9 %, 30 UNIT/500ML-0.9 %	171
OVACE PLUS SHAM (Use sulfacetamide sodium)	91	OXOPIDAXIAQUP	97	OXYTROL FOR WOMEN PTTW .	183
OVACE PLUS WASH GEL (Use sulfacetamide sodium)	91	OXOPOD	97	OXYTROL PTTW	183
OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	91	OXTELLAR XR TB24	31	oyster shell	146
OVACE WASH LIQD (Use sulfacetamide sodium)	91	oxybutynin chloride SOLN	183	OYSTER SHELL CALCIUM/D TABS .	146
OVIDE (Use malathion)	101	oxybutynin chloride TABS 2.5 MG 183		OZEMPIC SOPN	40
OXACILLIN SODIUM	172	oxybutynin chloride TABS 5 MG .	183	OZOBAX DS SOLN OR (Use baclofen)	161
oxacillin sodium IJ 1 GM, 2 GM ..	172	oxybutynin chloride TB24	183	paclitaxel	59
oxaliplatin SOLN 50 MG/10ML, 100 MG/20ML	57	oxycodone hcl CAPS	17	PADCEV	57
oxaliplatin SOLR	57	oxycodone hcl CONC 100 MG/5ML 17		PAINGO KFT	99
oxandrolone	20	oxycodone hcl SOLN	17	PALFORZIA INITIAL DOSE ESCALATION CSPK	5
oxaprozin CAPS	12	oxycodone hcl T12A 10 MG, 20 MG, 40 MG, 80 MG	17	PALFORZIA LEVEL 1 CSPK	5
oxaprozin TABS	12	oxycodone hcl TABS 15 MG, 30 MG . 17		PALFORZIA LEVEL 10 CSPK	5
OXAYDO TABS 5 MG	17	oxycodone hcl TABS 5 MG, 10 MG, 20 MG	17	PALFORZIA LEVEL 11 (MAINTENANCE) PACK	5
OXAYDO TABS 7.5 MG	17	oxycodone w/ acetaminophen SOLN 19		PALFORZIA LEVEL 11 (TITRATION) PACK	5
oxazepam CAPS	23	oxycodone w/ acetaminophen TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG	19	PALFORZIA LEVEL 2 CSPK	5
oxcarbazepine SUSP	31	oxycodone w/ acetaminophen TABS 325 MG-2.5 MG	19	PALFORZIA LEVEL 3 CSPK	5
oxcarbazepine TABS	31	OXYCONTIN T12A	17	PALFORZIA LEVEL 4 CSPK	5
OXIAICE LOTN	85	oxymorphone hcl TABS	17	PALFORZIA LEVEL 5 CSPK	5
OXIANUJI OINT	98	oxymorphone hcl TB12 30 MG	17	PALFORZIA LEVEL 6 CSPK	5
OXIANUJO CREA	98	oxymorphone hcl TB12	17		
OXIAVARY CREA	85	oxytocin	170		
OXIAZAR CREA	85	OXYTOCIN ACETATE	76		
oxiconazole nitrate CREA	88				
OXISTAT CREA (Use oxiconazole nitrate)	88				

PALFORZIA LEVEL 7 CSPK .....5	HYDROMEMBRANE/2CMX9CM SHEE 103	pantoprazole sodium SOLR 182
PALFORZIA LEVEL 8 CSPK .....5	PALINGEN XPLUS HYDROMEMBRANE/4CMX8CM SHEE 103	pantoprazole sodium TBEC 182
PALFORZIA LEVEL 9 CSPK .....5	PALINGEN XPLUS HYDROMEMBRANE/8CMX8CM SHEE 103	papaverine hcl SOLN 73
PALINGEN FLOW 103	PALINGEN XPLUS HYDROMEMBRANE/1CMX1CM SHEE 103	PAREMYD 169
PALINGEN HYDROMEMBRANE/2CMX6CM SHEE 103	PALINGEN XPLUS MEMBRANE/1CMX1CM SHEE .. 103	parenteral electrolytes CONC 147
PALINGEN HYDROMEMBRANE/2CMX9CM SHEE 103	PALINGEN XPLUS MEMBRANE/2CMX6CM SHEE .. 103	PARI ALTERA NEBULIZER HANDSET MISC 141
PALINGEN HYDROMEMBRANE/8CMX4CM SHEE 103	PALINGEN XPLUS MEMBRANE/2CMX9CM SHEE .. 103	PARI BABY CONVERSION KITSIZE 1 MISC 141
PALINGEN HYDROMEMBRANE/8CMX8CM SHEE 103	paliperidone 61	PARI BABY CONVERSION KITSIZE 2 MISC 141
PALINGEN INOVOFLO INJ 103	palonosetron hcl SOLN 44	PARI BABY CONVERSION KITSIZE 3 MISC 141
PALINGEN MEMBRANE/1CMX1CM SHEE 103	palonosetron hcl SOSY 44	PARI ERAPID NEBULIZER HANDSET MISC 142
PALINGEN MEMBRANE/2CMX6CM SHEE 103	PALONOSETRON HYDROCHLORIDE SOLN 44	PARI EXPIRATORY FILTER VALVE SET DEVI 142
PALINGEN MEMBRANE/2CMX9CM SHEE 103	PAMELOR CAPS (Use nortriptyline hcl) 38	PARI MANUAL INTERRUPTER DEVI 142
PALINGEN MEMBRANE/4CMX8CM SHEE 103	PANDA MASK LARGE 141	PARI MASK SET MISC 142
PALINGEN MEMBRANE/8CMX8CM SHEE 103	PANDA MASK MEDIUM 141	PARI SMARTMASK BABY/ELBOW MISC 142
PALINGEN XPLUS HYDROMEMBRANE/1CMX1CM SHEE 103	PANDA MASK SMALL 141	PARI SOFT PLASTIC ADULT MASK MISC 142
PALINGEN XPLUS HYDROMEMBRANE/2CMX6CM SHEE 103	PANDEL 96	PARI SOFT PLASTIC PEDIATRIC MASK MISC 142
PALINGEN XPLUS HYDROMEMBRANE/2CMX8CM SHEE 103	PANRETIN 90	PARI TREK S COMBO PACK DEVI . 142
PALINGEN XPLUS HYDROMEMBRANE/2CMX9CM SHEE 103	PANTOPRAZOLE SODIUM 76	PARI VORTEX ADULT MASK ... 142
PALINGEN XPLUS HYDROMEMBRANE/2CMX6CM SHEE 103	pantoprazole sodium PACK 182	paricalcitol CAPS 111
PALINGEN XPLUS HYDROMEMBRANE/2CMX8CM SHEE 103	PANTOPRAZOLE SODIUM SESQUIHYDRATE 76	PARLODEL CAPS (Use bromocriptine mesylate) 60
PALINGEN XPLUS HYDROMEMBRANE/2CMX9CM SHEE 103		PARLODEL TABS (Use bromocriptine mesylate) 60

PARNATE (Use tranylcypromine sulfate)	35	P-CARE K80G	80	PEDVAX HIB SUSP	184
paroxetine hcl SUSP	36	P-CARE K80MX	80	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid	123
paroxetine hcl TABS 10 MG	36	PEANUT ALLERGENIC EXTRACT .	105	peg 3350-kcl-sod bicarb-sod chloride-sod sulfate SOLR	123
paroxetine hcl TABS 20 MG	36	PECAN ALLERGENIC EXTRACT	105	peg 3350-potassium chloride-sod bicarbonate-sod chloride	123
paroxetine hcl TABS 30 MG, 40 MG .	36	PECAN POLLEN EXTRACT IJ	5	PEGASYS SOSY	67
paroxetine hcl TABS 30 MG	36	ped multivitamins w/fl & iron SOLN	156	PEG-PREP	123
paroxetine hcl TB24	36	PEDIALYTE ADVANCED CARE SOLN (Use oral electrolytes)	147	PEMGARDA	68
paroxetine mesylate (vasomotor)	177	PEDIALYTE FREEZER POPS SOLN (Use oral electrolytes)	147	PEMRYDI RTU SOLN	57
PARVA-CAL	146	PEDIALYTE IMMUNE SUPPORT SOLN	147	PEN NEEDLES 30GX5MM	136
PASER PACK	56	PEDIALYTE SINGLES SOLN (Use oral electrolytes)	147	PEN NEEDLES 31G X 8MM	136
PATANASE (Use olopatadine hcl (nasal))	162	PEDIALYTE SOLN (Use oral electrolytes)	147	PEN NEEDLES 31GX5MM	137
PAXIL CR TB24 (Use paroxetine hcl)	36	PEDIAPRED SOLN (Use prednisolone sodium phosphate) ..	80	PEN NEEDLES 31GX8MM	137
PAXIL SUSP (Use paroxetine hcl) .	36	PEDIARIX SUSY	180	PEN NEEDLES 32G X 4MM	137
PAXIL TABS 10 MG (Use paroxetine hcl)	36	PEDIATRIC DISPOSABLE MOUTPIECE MISC	142	PEN NEEDLES 32GX4MM	137
PAXIL TABS 20 MG (Use paroxetine hcl)	36	PEDIATRIC MOUTHPIECE/DISPOSABLE MISC .	142	PENBRAYA	184
PAXIL TABS 30 MG, 40 MG (Use paroxetine hcl)	36	pediatric multiple vitamin w/ minerals & c CHEW 400 UNIT-60 MG-2 MG-45 MCG-400 MCG-6 MCG-1.7 MG-10 MCG-20 MG-3500 UNIT-10 MG-1.5 MG-15 MG-2 MG-40 MG-108 MG-20 MCG-150 MCG-30 UNIT-50 MG-1 MG-20 MCG-18 MG	157	PENCICLOVIR	76
PAXLOVID 100 MG-150 MG	66			penciclovir	92
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	157			penicillamine CAPS	149
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	157			penicillamine TABS	149
P-CARE K40 KIT	79			penicillin g potassium	172
P-CARE K40G	79			PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	172
P-CARE K40MX	80			PENICILLIN G PROCAINE	172
P-CARE K80 KIT	80			penicillin g sodium	172
		PEDIATRIC PANDA MASK	142	penicillin v potassium SOLR	172
		PEDMARK	59	penicillin v potassium TABS	172
				PENICILLIUM CHRYSOGENUM VAR CHRYSOGENUM EXTRACT IJ	105

PENLEN EMUL	100	perindopril erbumine	50	SYSTEM KIT	134
PENNSAID SOLN EX 2 % (Use diclofenac sodium (topical))	89	perindopril erbumine 2 MG, 4 MG	50	PHARMACIST CHOICE MINI BLOOD GLUCOSE MONITORING SYSTEM DEVI	134
PENNSAID SOLN EX	89	permethrin CREA	101	PHARMACIST CHOICE NEBULIZER/CPAP/INHALER CHAMBER MASK WIPES MISC	142
PENTACEL	180	permethrin LIQD EX	101	PHEBURANE PLLT	111
pentamidine isethionate IJ	53	perphenazine TABS	63	PHEDRAX	88
PENTASA CPCR (Use mesalamine) . 114		perphenazine-amitriptyline	174	phenazopyridine hcl TABS 100 MG, 100 MG, 200 MG	116
pentazocine w/ naloxone hcl	20	PERSERIS PRSY	61	phenelzine sulfate	35
PENTETATE CALCIUM TRISODIUM	43	PERTZYE CPEP	108	phenobarbital ELIX	121
PENTETATE ZINC TRISODIUM	43	PEXEVA	36	phenobarbital sodium SOLN	121
pentobarbital sodium SOLN	121	PFIZER-BIONTECH COVID-19VACCINE SUSP	185	phenobarbital TABS	121
pentoxifylline	117	PFIZER-BIONTECH COVID-19VACCINE/5-11Y SUSP	184	phenoxybenzamine hcl	50
PEPCID AC MAXIMUM STRENGTH TABS (Use famotidine)	181	PFIZER-BIONTECH COVID-19VACCINE/5-11Y/2023-24 SUSP 184		phentolamine mesylate SOLR	50
PEPCID AC TABS (Use famotidine) . 181		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y SUSP	185	phenylephrine hcl (pressors) SOLN IV	187
PEPCID TABS (Use famotidine) . 181		PFIZER-BIONTECH COVID-19VACCINE/6MO-4Y/2023-24 SUSP	185	PHENYLEPHRINE HYDROCHLORIDE SOLN IV 0.4 MG/10ML, 1 MG/10ML, 10 MG/ML 188	
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	42	PFIZER-BIONTECH COVID-19VACCINE/ADULT RTU SUSP	185	PHENYLEPHRINE HYDROCHLORIDE SOSY 0.4 MG/10ML, 0.8 MG/10ML, 1 MG/10ML	188
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate) 42		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/5-11Y	185	PHENYLEPHRINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 10 MG/250ML-0.9 %, 100 MG/250ML-0.9 %, 20 MG/250ML-0.9 %, 25 MG/250ML-0.9 %, 40 MG/250ML-0.9 %, 50 MG/250ML-0.9 %, 80 MG/250ML-0.9 %	188
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	42	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/6M-4Y	185	PHENYLEPHRINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN 10 MG/250ML-0.9 %, 100 MG/250ML-0.9 %, 20 MG/250ML-0.9 %, 25 MG/250ML-0.9 %, 40 MG/250ML-0.9 %, 50 MG/250ML-0.9 %, 80 MG/250ML-0.9 %	188
PERCOCET TABS 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use oxycodone w/ acetaminophen)	19	PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 185		PFLEX MISC	142
PERCOCET TABS 325 MG-2.5 MG (Use oxycodone w/ acetaminophen) . 19		PFIZER-BIONTECH COVID-19VACCINE/BIVALENT/BA.4/BA.5 185		PF-LIDOCAINE HYDROCHLORIDE SOSY IJ	125
PERFOROMIST NEBU (Use formoterol fumarate)	27	PHARMACIST CHOICE AUTOCODE BLOOD GLUCOSE MONITORING		PHENYLEPHRINE HYDROCHLORIDE/SODIUM	
PERIDEX (Use chlorhexidine gluconate (mouth-throat))	151				

CHLORIDE SOSY 0.4 MG/10ML-0.9 %, 0.5 MG/5ML-0.9 %, 0.8 MG/10ML-0.9 %, 1 MG/10ML-0.9 %, 100 MCG/10ML-0.9 %, 20 MG/50ML-0.9 %, 5 MG/50ML-0.9 %	PHYSICIANS EZ USE JOINT TUNNEL AND TRIGGER KIT II KIT	PLAN B ONE-STEP (Use levonorgestrel (emergency oc))
188	80	77
phenylephrine-chlorphen-dm LIQD 10 MG/5ML-4 MG/5ML-15 MG/5ML	PHYSICIANS EZ USE M-PRED KIT	PLAQUENIL (Use hydroxychloroquine sulfate)
82	80	56
phenylephrine-dm LIQD 2.5 MG/5ML-5 MG/5ML	PHYSOSTIGMINE SALICYLATE	PLASMA-LYTE-148 (Use electrolyte-148)
82	.43	147
phenylephrine-dm SOLN	phytonadione TABS 5 MG	PLAVIX 75 MG (Use clopidogrel bisulfate)
82	188	118
phenylephrine-shark liver oil-cocoa butter	PIDPROGTAR	PLEGRIDY SOPN
21	97	175
phenylephrine-shark liver oil-mineral oil-petrolatum	PIFELTRO	PLEGRIDY SOSY IM
21	65	175
phenytoin CHEW	PILLOW MASK/ADULT MISC	PLEGRIDY SOSY SC
33	142	175
phenytoin sodium extended 100 MG, 200 MG, 300 MG	PILLOW MASK/CHILD MISC	PLEGRIDY STARTER PACK SOPN
33	142	175
phenytoin sodium extended 100 MG	PILLOW MASK/PEDIATRIC MISC	PLEGRIDY STARTER PACK SOSY SC
33	142	175
phenytoin sodium extended 200 MG, 300 MG	pilocarpine hcl (oral) 5 MG	PLENVU
33	152	123
phenytoin sodium SOLN	pilocarpine hcl (oral) 7.5 MG	PLEXION CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)
33	152	85
phenytoin SUSP	pilocarpine hcl SOLN 1 %, 2 %, 4 %	PLEXION CLEANSING CLOTHS
33	165	85
PHEOXIA	pimecrolimus	PADS
88	98	85
PHESGO	pimozide	PLIAGLIS CREA
58	175	99
PHEXXI	pindolol TABS	PLIAGLIS KIT
186	69	99
PHLAG SPRAY EMUL	PINEAPPLE ALLERGENIC EXTRACT	PNEUMOVAX 23
100	105	184
PHOSLYRA SOLN	pioglitazone hcl	PNEUMOVAX 23/1 DOSE
115	42	184
PHOSPHOLINE IODIDE	pioglitazone hcl-glimepiride	PNV PRENATAL PLUS MULTIVITAMIN + DHA MISC
165	38	158
PHOXILLUM B22K4/0	pioglitazone hcl-metformin hcl TABS	PNV-DHA+DOCUSATE
149	38	158
PHOXILLUM BK4/2.5	PIP BLOOD GLUCOSE MONITORING SYSTEM DEVI	PNV-OMEGA
149	134	158
PHYSICIANS EZ USE JOINT TUNNEL AND TRIGGER	piperacillin sodium-tazobactam sodium	POCKET CHAMBER DEVI
80	172	142
	pirfenidone CAPS	POCKET SPACER DEVI
	178	142
	pirfenidone TABS	POCKETCHEM EZ BLOOD GLUCOSE MONITORING SYSTEM KIT
	178	134
	piroxicam CAPS	POD-CARE 100C KIT
	12	80

POD-CARE 100CG	80	HYDROGENATEDCASTOR OIL	76	potassium chloride CPCR 8 MEQ	148
POD-CARE 100CMX	80	POLYOXYL LAURYL ETHER SOLN	150	potassium chloride in dextrose & sodium chloride 5 %-0.075 %-0.45 %	
POD-CARE 100K KIT	80	polysaccharide iron complex CAPS 150 MG	120	0.9 %, 5 %-10 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.2 %, 5 %-20 MEQ/L-0.225 %, 5 %-20 MEQ/L-0.45 %, 5 %-20 MEQ/L-0.9 %, 5 %-30 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.45 %, 5 %-40 MEQ/L-0.9 %	147
POD-CARE 100KG	80	POLY-VI-FLOR SUSP	157	potassium chloride in dextrose 5 %-20 MEQ/L	147
POD-CARE 100KMX	80	POLY-VI-FLOR/IRON CHEW	156	potassium chloride in nacl 20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	147
PODIATROLE	88	POLY-VI-FLOR/IRON SUSP	156	potassium chloride microencapsulated crystals er	148
PODOCON-25 SOLN	98	polyvinyl alcohol 1.4 %	163	potassium chloride PACK OR 20 MEQ	148
podofilox GEL	98	POLY-VI-SOL SOLN OR	157	potassium chloride SOLN IV	148
podofilox SOLN	98	POLY-VI-SOL/IRON SOLN	157	potassium chloride SOLN OR 10 %, 20 %	148
PODOXIA	97	POLY-VITA SOLN OR	157	POTASSIUM CHLORIDE SOSY 100 MEQ/50ML	148
PODTAR	97	POLY-VITA/IRON SOLN	157	potassium chloride TBCR 20 MEQ	148
POGO AUTOMATIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	134	POLY-VITE PEDIATRIC SOLN OR	157	potassium chloride TBCR 8 MEQ, 10 MEQ	148
POINT OF CARE KM KIT	80	POLY-VITE/IRON SOLN	157	POTASSIUM CHLORIDE/DEXTROSE/LACTATED RINGERS	147
POINT OF CARE L.2 KIT	80	PORK ALLERGENIC EXTRACT	105	POTASSIUM CHLORIDE/LIDOCAINE HYDROCHLORIDE/SODIUM CHLORIDE 10 MG/100ML-10 MEQ/100ML-0.9 %	147
POINT OF CARE L.5 KIT	80	posaconazole SOLN	45	POTASSIUM CHLORIDE/SODIUM CHLORIDE 20 MEQ/250ML-0.9 %	
POINT OF CARE LM DEP 2	80	posaconazole SUSP	45		
POINT OF CARE LM-2.2 KIT	124	posaconazole TBEC	45		
POINT OF CARE LM-2.5 KIT	124	POSIMIR	125		
POKONZA PACK OR	148	POSLUMA	106		
POLIVY	57	pot & sod citrates w/citric ac SOLN	116		
POLOCAINE SOLN 1 %, 2 %	125	pot phosphate monobasic w/ sod phosphate dibasic & monobasic	148		
POLYACRYLATE CROSSPOLYMER-6	76	potassium acetate SOLN 2 MEQ/ML	148		
POLYCOSE LIQD	163	POTASSIUM ACETATE SOLN 2 MEQ/ML	148		
POLYCOSE POWD	163	potassium bicarbonate TBEF	148		
polyethylene glycol 3350 POWD	123	potassium chloride CPCR 10 MEQ	148		
polymyxin b sulfate SOLR	55				
polymyxin b-trimethoprim	166				
POLYOXYL 40					

20 MEQ/L-0.45 %, 20 MEQ/L-0.9 %, 40 MEQ/L-0.9 %	147	PRAMOSONE CREA (Use pramoxine-hc)	96	PREDNISOLONE ACETATE/NEPAFENAC	168
POTASSIUM CHLORIDE/SODIUMCHLORIDE 40 MEQ/500ML-0.9 %	147	PRAMOSONE CREA	96	PREDNISOLONE SODIUM PHOSPHATE	168
potassium citrate (alkalinizer) TBCR 10 MEQ, 540 MG, 1080 MG	116	PRAMOSONE LOTN	96	prednisolone sodium phosphate SOLN 20 MG/5ML	80
potassium citrate (alkalinizer) TBCR 15 MEQ, 1620 MG	116	PRAMOSONE OINT	96	prednisolone sodium phosphate SOLN 25 MG/5ML	80
potassium citrate-citric acid PACK 116		PRAMOTIC	170	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	80
potassium iodide (expectorant) SOLN	83	PRAMOX GEL GEL	99	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	80
potassium phosphate monobasic TABS	148	pramoxine-hc CREA 2.5 %-1 %	96	prednisolone sodium phosphate SOLN 5 MG/5ML, 6.7 MG/5ML, 10 MG/5ML, 15 MG/5ML, 25 MG/5ML	80
POTASSIUM PHOSPHATE/SODIUM CHLORIDE 0.9 %-1180 MG/250ML-1120 MG/250ML	148	pramoxine-hc GEL	96	PREDNISOLONE SODIUM PHOSPHATE/TBDP	80
potassium phosphates 236 MG/ML-224 MG/ML	148	PRASTERA	8	PREDNISOLONE SODIUM PHOSPHATE/BROMFENAC SOLN	168
POVIDONE IODINE	166	prasugrel hcl	118	PREDNISOLONE SODIUM PHOSPHATE/GATIFLOXACIN/BROMFENAC SOLN	168
PR CREAM KIT EX	100	pravastatin sodium	49	PREDNISOLONE SODIUM PHOSPHATE/MOXIFLOXACIN SOLN	168
PRADAXA CAPS (Use dabigatran etexilate mesylate)	29	PRAXBIND	43	prednisolone SOLN	80
PRADAXA CAPS 75 MG	29	praziquantel	22	prednisolone TABS	80
PRADAXA CAPS	29	prazosin hcl CAPS	51	PREDNISOLONE/BROMFENAC SUSP	168
PRAKETAMIDE	86	PRECEDEX SOLN	122	PREDNISOLONE/GATIFLOXACIN/BROMFENAC SUSP	168
pramipexole dihydrochloride TABS 0.75 MG, 1 MG, 1.5 MG	60	PRECISION XTRA KIT	134	PREDNISOLONE-GATIFLOXACIN ROMFENAC SUSP	168
pramipexole dihydrochloride TABS 60		PRECOSE (Use acarbose)	38	PREDNISOLONE-GATIFLOXACIN SUSP	168
pramipexole dihydrochloride TB24 0.375 MG, 0.75 MG, 3 MG, 3.75 MG	60	PRED FORTE (Use prednisolone acetate (ophth))	167	PREDNISOLONE-GATIFLOXACIN SUSP	168
pramipexole dihydrochloride TB24 60		PRED MILD	168	PREDNISONE INTENSOL CONC	80
		PRED-G S.O.P. OINT	168	prednisone SOLN	80
		PRED-G SUSP	168	prednisone TABS	80
		prednicarbate OINT	96	prednisone TBPK	80
		prednisolone acetate (ophth)	168	PREFEST	112
		PREDNISOLONE ACETATE P-F	168		
		PREDNISOLONE ACETATE/MOXIFLOXACIN	168		
		PREDNISOLONE ACETATE/MOXIFLOXACIN/NEPAFENAC	168		

pregabalin (once-daily)	175	PRENATE	159 154
pregabalin CAPS	31	PRENATE AM	159
pregabalin SOLN	31	PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT-25 MCG-155 MG-50 MG-300 MG-40 UNIT-600 MCG-18 MG	159
PREGEN DHA CAPS	158	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 ..	159
PREHEVBRIO	185	PRENATE ENHANCE	159
PREMARIN	186	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	159
PREMARIN SOLR	112	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 ..	159
PREMARIN TABS	112	PRENATE PIXIE	159
PREMESISRX	158	PRENATE RESTORE	159
PREMIUM SCAR PATCH	99	PRENATOL-M TABS	159
PREMPHASE	112	PRENATVITE COMPLETE TABS	159
PREMPRO	112	PRENATVITE PLUS TABS	159
PRENA 1 TRUE	158	PRE-PEN	105
PRENA1 CHEW	158	PREPIDIL GEL	170
PRENA1 PEARL	158	PREPIV SUPPLY	99
PRENAISSANCE	158	PRESCRIPTION SUPPORT CAPS	154
PRENAISSANCE PLUS CAPS ..	158	PRESERA FOAM	100
prenatal vit w/ ferrous fumarate-folic acid TABS 120 MG-25 MG-1 MG-400 UNIT-12 MCG-4 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-25 MG-2 MG-3000 UNIT-22 MG	158	PRESERVISION AREDS 2 + MULTI VITAMIN CAPS	154
prenatal vit w/ ferrous fumarate-l methylfolate-folic acid	158	PRESERVISION AREDS 2 CAPS	154
prenatal vit w/ iron carbonyl-folic acid TABS 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG-3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG, 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	159		
prenatal without a w/ fe fumarate-l methylfolate-fa-dha	159		
		PRESERVISION AREDS CAPS ..	154
		PRESERVISION/LUTEIN CAPS ..	154
		PRESTALIA	52
		PREVACID CPDR 30 MG (Use lansoprazole)	182
		PREVDUO	43
		PREVIDENT 5000 BOOSTER PLUS PSTE DT (Use sodium fluoride (dental))	151
		PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	151
		PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental))	151
		PREVIDENT 5000 ORTHO DEFENSE PSTE DT (Use sodium fluoride (dental))	151
		PREVIDENT 5000 PLUS CREA (Use sodium fluoride (dental))	151
		PREVIDENT FLUORIDE GEL (Use sodium fluoride (dental))	151
		PREVIDENT RINSE SOLN	151
		PREVIDOLRX ANALGESIC PAK ..	12
		PREVNAR 13	184
		PREVNAR 20	184
		PREZCOBIX	65
		PREZISTA SUSP	65
		PREZISTA TABS 150 MG	65
		PREZISTA TABS 600 MG (Use darunavir)	65
		PREZISTA TABS 75 MG	65
		PREZISTA TABS 800 MG (Use darunavir)	65

PRIFTIN	56	PRO COMFORT INHALER SPACER CHAMBER INFANT DEVI	142	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM DEVI	134
PRILOHEAL PLUS 30	99	PRO DNA COLLECTION KIT ...	107	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING SYSTEM KIT	134
PRILOSEC OTC TBEC (Use omeprazole magnesium)	182	PRO VOICE V8 BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	134	PRODIGY AUTOCODE BLOOD GLUCOSE MONITORING/TALKING KIT	134
PRILOSEC PACK	182	PRO VOICE V9 BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	134	PRODIGY NO CODING BLOOD GLUCOSE KIT	134
PRILOVIXIL	99	PROAIR DIGIHALER	27	PRODIGY POCKET BLOOD GLUCOSE METER KIT KIT	134
PRIMACARE	159	PROAIR RESPICLICK AEPB	27	PRODIGY VOICE BLOOD GLUCOSE METER KIT KIT	134
PRIMAQUINE PHOSPHATE TABS (Use primaquine phosphate)	56	probenecid	117	PROGESTERONE 10% KIT CREA 173	
primaquine phosphate TABS	56	procainamide hcl SOLN	24	progesterone CAPS	173
primidone	31	PROCARDIA XL TB24 30 MG, 60 MG (Use nifedipine)	71	progesterone OIL	173
primidone 50 MG, 250 MG	31	PROCARDIA XL TB24 30 MG, 90 MG (Use nifedipine)	71	PROGRAF CAPS (Use tacrolimus) 150	
PRIORIX SUSR	185	PROCARDIA XL TB24 60 MG (Use nifedipine)	71	PROGRAF PACK	150
PRISMASOL B22GK 4/0 EC	149	PROCARE SPACER CHAMBER W/ADULT MASK DEVI	142	PROGRAF SOLN	150
PRISMASOL BGK 0/2.5	149	PROCARE SPACER CHAMBER W/CHILD MASK DEVI	142	PROLENSA (Use bromfenac sodium (ophth))	169
PRISMASOL BGK 2/0 EC	149	PRO-C-DURE 5 KIT KIT	80	PROMACTA PACK	119
PRISMASOL BGK 2/3.5	149	PRO-C-DURE 6 KIT KIT	80	promethazine & phenylephrine SYRP	82
PRISMASOL BGK 4/0/1.2	149	PROCHAMBER VALVED HOLDINGCHAMBER DEVI	142	PROMETHAZINE HCL POWD	76
PRISMASOL BGK 4/2.5	149	prochlorperazine	63	promethazine hcl SOLN IJ 25 MG/ML, 50 MG/ML	47
PRISMASOL BK 0/0/1.2	149	prochlorperazine edisylate 10 MG/2ML	63	promethazine hcl SOLN OR 6.25 MG/5ML	47
PRISTIQ 100 MG (Use desvenlafaxine succinate)	37	prochlorperazine maleate TABS 10 MG	63	promethazine hcl SUPP 12.5 MG, 25 MG	47
PRISTIQ 25 MG, 50 MG (Use desvenlafaxine succinate)	37	prochlorperazine maleate TABS ..	63		
PRISTIQ 50 MG (Use desvenlafaxine succinate)	37	PROCORT CREA EX	21		
PRISTIQ 50 MG, 100 MG (Use desvenlafaxine succinate)	37	PROCRIT	119		
PRIVET EXTRACT	5	PROCTOFOAM HC FOAM EX	22		

promethazine hcl SUPP	47	PROTEXT SUSP	103	psyllium POWD 28.3 %, 30 %, 30.9 %, 33 %, 58.6 %, 100 %	123
promethazine hcl TABS 25 MG, 50 MG	47	PROTHELIAL PSTE	152	PULMICORT FLEXHALER AEPB .26	
promethazine hcl TABS	47	PROTONIX PACK (Use pantoprazole sodium)	182	PULMICORT SUSP 0.25 MG/2ML, 0.5 MG/2ML (Use budesonide (inhalation))	26
promethazine w/codeine SOLN ...	82	PROTONIX TBEC 20 MG (Use pantoprazole sodium)	182	PULMICORT SUSP 1 MG/2ML (Use budesonide (inhalation))	26
promethazine w/codeine SYRP ...	82	PROTONIX TBEC 40 MG (Use pantoprazole sodium)	182	PURE COMFORT 3-BALL BREATH EXERCISER DEVI	142
promethazine-dm SYRP	82	PROTOPAM CHLORIDE SOLR ...	43	PURE COMFORT INHALER SPACER CHAMBER ADULT DEVI 142	
PROMETRIUM CAPS (Use progesterone)	173	protriptyline hcl	38	PURIXAN SUSP	57
PRONAL GEL GEL	97	PROVENGE	58	PX DAYTIME MULTI-SYMPTOM CAPS	82
PRONEB ULTRA FILTER SET MISC	142	PROVERA (Use medroxyprogesterone acetate) ...	173	PX NITETIME MULTI-SYMPTOM CAPS	82
propafenone hcl CP12	24	PROVIDA OB	159	PYLARIFY	106
propafenone hcl TABS	24	PROVIGIL (Use modafinil)	3	pyrantel pamoate SUSP 144 MG/ML 22	
proparacaine hcl	167	PROVISC SOSY	168	pyrazinamide	56
propranolol hcl CP24	69	PROVOCHOLINE SOLR	105	pyrethrins-piperonyl butoxide LIQD 101	
propranolol hcl SOLN IV 1 MG/ML	69	PROZAC CAPS 10 MG, 20 MG (Use fluoxetine hcl)	36	pyrethrins-piperonyl butoxide SHAM 4 %-0.3 %-0.33 %, 4 %-0.33 % ..	102
propranolol hcl SOLN OR 20 MG/5ML, 40 MG/5ML	69	PROZAC CAPS 20 MG (Use fluoxetine hcl)	36	pyrethrins-piperonyl butoxide- permethrin-nit remover 4 %-0.33 %- 0.5 %	101
propranolol hcl TABS	70	PROZAC CAPS 40 MG (Use fluoxetine hcl)	36	PYRIDIDIUM TABS (Use phenazopyridine hcl)	117
propylthiouracil	179	pseudoephed-bromphen-dm SYRP 10 MG/5ML-30 MG/5ML-2 MG/5ML 82		pyridostigmine bromide TABS 30 MG	56
PROQUAD SUSR	185	pseudoephedrine hcl TABS	162	pyridostigmine bromide TABS 60 MG	56
PRORENAL+D/OMEGA-3 CAPS	154	pseudoephedrine hcl TB12	162	pyridostigmine bromide TBCR	56
PROSCAR (Use finasteride)	116	pseudoephedrine-guaifenesin SYRP 100 MG/5ML-30 MG/5ML	82		
PROSILK GEL GEL	100	pseudoephedrine-guaifenesin TB12 1200 MG-120 MG	82		
PROSTIN VR PEDIATRIC	150	pseudoephedrine-guaifenesin TB12 600 MG-60 MG	82		
protamine sulfate	118				
PROTECT CARDIO AF CAPS ...	154				
PROTECT PLUS SO CAPS	154				
PROTEGRA CAPS	154				

pyridoxine hcl TABS 25 MG, 50 MG, 100 MG	188	400 MG	62	QVAR REDIHALER 40 MCG/ACT	26
PYROGALLIC ACID	98	quetiapine fumarate TB24	62	QVAR REDIHALER 80 MCG/ACT	26
QBRELIS SOLN	50	QUFLORA FE	155	RA ARTHRITIS PAIN RELIEF CREA	100
QBREXZA	100	QUICKTEK KIT	134	RA DRY MOUTH SOLN	152
QC CALCIUM 500MG/D3 TABS .	146	QUICKVUE + STREP A TEST ..	107	RA EAR CARE TABS	160
QC OCUHEALTH VISION SUPPORT 2 CAPS	154	QUICKVUE DIPSTICK STREP A TEST	107	RABAVERT	185
QDOLO SOLN (Use tramadol hcl) .	17	QUICKVUE INFLUENZA A+B TEST	107	RABBIT EPITHELIUM EXTRACT ..	5
QELBREE	2	QUICKVUE IN-LINE STREP ATEST	107	RABEPRAZOLE SODIUM DR SPRINKLE CPSP	182
QNASL	162	QUIDROXZAR	90	rabeprazole sodium TBEC	182
QNASL CHILDRENS	162	QUILLICHEW ER CHER	3	RADIAURA CREA	96
QTERN	38	quinapril hcl	50	RADIOGARDASE	43
QUADRACEL SUSP	180	quinapril-hydrochlorothiazide 12.5 MG-10 MG	52	RAGWITEK SUBL	5
QUADRACEL SUSY	180	quinapril-hydrochlorothiazide 12.5 MG-20 MG	52	raloxifene hcl	111
QUAKE DEVI	142	quinapril-hydrochlorothiazide 25 MG- 20 MG	52	ramelteon	122
QUARTETTE (Use levonorgestrel- ethinyl estradiol (91-day))	77	quinidine gluconate TBCR	24	ramipril CAPS	50
quazepam	122	quinidine sulfate TABS	24	RANEXA TB12 (Use ranolazine) ..	22
QUDEXY XR CS24 (Use topiramate) 32		quinine sulfate CAPS 324 MG	56	ranolazine TB12	22
QUEEN PALM EXTRACT	5	QUINOSONE	96	RAPAFLO (Use silodosin)	116
QUESTRAN LIGHT POWD (Use cholestyramine light)	48	QUINTABS TABS	155	RAPAFLO 8 MG (Use silodosin) .	116
QUESTRAN PACK (Use cholestyramine)	48	QUINTET AC BLOOD GLUCOSEMONITORING SYSTEM DEVI	134	RAPAMUNE SOLN (Use sirolimus) 150	
QUESTRAN POWD (Use cholestyramine)	48	QUINTET BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	134	RAPAMUNE TABS (Use sirolimus) 150	
quetiapine fumarate TABS 150 MG 62		QUITAR	90	RAPIVAB	67
quetiapine fumarate TABS 25 MG, 50 MG, 100 MG, 200 MG	62	QUTENZA	100	rasagiline mesylate	60
quetiapine fumarate TABS 300 MG, 400 MG	62	QUVIVIQ	122	RASUVO SOAJ 20 MG/0.4ML	8
				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	8

RAYALDEE	111	RECOMBIVAX HB SUSP	185	RELEXXII TBCR 72 MG	3
RAYASAL CREA	98	RECOMBIVAX HB SUSY	185	RELION CONFIRM BLOOD GLUCOSE MONITORING SYSTEM KIT	134
RAYASORE KIT	92	RECOTHROM	121	RELION KETONE TEST STRIPS STRP	107
RAYOS TBEC	80	RECOTHROM/SPRAY APPLICATOR KIT	121	RELION MICRO BLOOD GLUCOSE MONITORING SYSTEM KIT	134
RAZADYNE ER CP24 (Use galantamine hydrobromide)	174	RECURA CREA	89	RELION PREMIER BLU BLOOD GLUCOSE MONITORING SYSTEM DEVI	134
READI-CAT 2 BANANA SMOOTHIE SUSP OR	108	RED ALDER POLLEN EXTRACT ..5		RELION PREMIER CLASSIC BLOOD GLUCOSE MONITORING SYSTEM DEVI	134
READI-CAT 2 BERRY SMOOTHIE SUSP OR	108	RED CEDAR POLLEN EXTRACT IJ . 5		RELION PREMIER COMPACT BLOOD GLUCOSE MONITORING SYSTEM KIT	134
READI-CAT 2 CREAMY VANILLA SMOOTHIE SUSP OR	108	RED MAPLE EXTRACT SC	5	RELION PREMIER VOICE BLOOD GLUCOSE MONITORING SYSTEM DEVI	135
READI-CAT 2 CREAMY VANILLA SMOOTHIE SUSP OR	108	RED MAPLE POLLEN EXTRACT 105		RELION PRIME BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	135
READI-CAT 2 MOCHACCINO SMOOTHIE SUSP OR	108	RED MAPLE POLLEN EXTRACT 105		RELION TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH KIT	135
READI-CAT 2 SUSP OR 2 %	108	RED MULBERRY EXTRACT	5	RELION ULTIMA BLOOD GLUCOSE MONITORING SYSTEM KIT	135
READYSHARP ANESTHETICS +BETAMETHASONE	80	RED OAK POLLEN EXTRACT ..105		RELISTOR SOLN	115
READYSHARP ANESTHETICS +DEXAMETHASONE	80	RED TOP GRASS POLLEN EXTRACT	6	RELISTOR TABS	115
READYSHARP ANESTHETICS +KETOROLAC	12	REDITREX SOSY	8	RELNATE DHA CAPS	159
READYSHARP ANESTHETICS +METHYLPREDNISOLONE 80 ..	80	REFUAH PLUS BLOOD GLUCOSEMONITORING SYSTEM KIT	134	RELPAX (Use eletriptan hydrobromide)	145
READYSHARP-A KIT	124	REGENECARE	103	RELTONE CAPS	113
REAL HEAL-I	100	REGLAN TABS (Use metoclopramide hcl)	114	REMEDIENT CAPS	154
REBIF REBIDOSE SOAJ	175	REGONOL SOLN IV	56	REMERON SOLTAB TBDP 15 MG (Use mirtazapine)	34
REBIF REBIDOSE TITRATIONPACK SOAJ	175	REGRANEX	103		
REBIF SOSY	175	RELENZA DISKHALER	67		
REBIF TITRATION PACK SOSY .175		RELEXXII TBCR 18 MG, 27 MG, 54 MG	3		
REBLOZYL	119	RELEXXII TBCR 36 MG	3		
REBYOTA	115	RELEXXII TBCR 45 MG, 63 MG, 72 MG (Use methylphenidate hcl)	3		
RECK	124	RELEXXII TBCR 45 MG, 63 MG, 72 MG	3		

REMERON SOLTAB TBDP 30 MG (Use mirtazapine)	34	RETIN-A CREA (Use tretinoin)	85	REZIPRES	188
REMERON SOLTAB TBDP 45 MG (Use mirtazapine)	34	RETIN-A GEL 0.01 % (Use tretinoin) .	85	REZUROCK	149
REMERON TABS 15 MG (Use mirtazapine)	34	RETIN-A GEL 0.025 % (Use tretinoin)	85	REZVOGLAR KWIKPEN	41
REMERON TABS 30 MG (Use mirtazapine)	34	RETIN-A MICRO (Use tretinoin microsphere)	85	REZZAYO	45
remifentanil hcl	17	RETIN-A MICRO	85	RHOFADE	101
RENACIDIN	116	RETIN-A MICRO PUMP (Use tretinoin microsphere)	85	RHOGAM ULTRA-FILTERED PLUS SOSY IM	171
RENAGEL (Use sevelamer hcl) .	115	RETINOL MOLECULAR FILM OIL 0.33 %	76	RHOPHYLAC SOSY IJ	171
RENATABS	152	RETROVIR CAPS (Use zidovudine) .	65	RHOPRESSA	167
RENATABS WITH IRON	152	RETROVIR IV INFUSION SOLN ..	65	ribavirin (hepatitis c) CAPS	67
RENFLEXIS	114	RETROVIR SYRP (Use zidovudine) .	65	ribavirin	68
REVELA PACK (Use sevelamer carbonate)	115	REUSABLE COMFORTSEAL MASK/LARGE/AEROECLIPSE MISC	143	riboflavin TABS	188
REVELA TABS (Use sevelamer carbonate)	115	REUSABLE COMFORTSEAL MASK/MEDIUM/AEROECLIPSE MISC	143	RICE ALLERGENIC EXTRACT .	105
repaglinide	42	REUSABLE COMFORTSEAL MASK/SMALL/AEROECLIPSE MISC	143	RID ESSENTIAL LICE ELIMINATION KIT KIT EX	102
REPLACEMENT AIR FILTER MISC .	142	REXALL BLOOD GLUCOSE MONITORING SYSTEM KIT	135	RIDAURA	10
REPLACEMENT FILTERS MISC	142	REXULTI	64	rifabutin	56
RESTASIS EMUL (Use cyclosporine (ophth))	167	REYATAZ CAPS 200 MG (Use atazanavir sulfate)	65	rifampin CAPS	56
RESTASIS MULTIDOSE EMUL ..	167	REYATAZ CAPS 300 MG (Use atazanavir sulfate)	65	rifampin SOLR	56
RESTORA RX CAPS	42	REZDIFFRA	114	RIFAMPIN/SYRSPEND SF PH4 SUSP	56
RESTORIL 15 MG, 30 MG (Use temazepam)	122			RIGHTEST GM100 BLOOD GLUCOSE MONITORING SYSTEM KIT	135
RESTORIL 7.5 MG, 22.5 MG (Use temazepam)	122			RIGHTEST GM300 BLOOD GLUCOSE MONITORING SYSTEM KIT	135
RETACRIT	119			RIGHTEST GM550 BLOOD GLUCOSE MONITORING SYSTEM KIT	135
RETAVASE 10 UNIT	118			RIGHTEST GT333 BLOOD GLUCOSE MONITORING SYSTEM DEVI	135
RETAVASE HALF-KIT 10 UNIT ..	118			RILUTEK TABS (Use riluzole)	162

riluzole TABS	162	RITALIN TABS 10 MG, 20 MG (Use methylphenidate hcl)	3	ropinirole hydrochloride TB24	60
rimantadine hydrochloride TABS ..	67	RITALIN TABS 5 MG (Use methylphenidate hcl)	3	ropivacaine hcl SOLN IJ	125
RIMI SOLN	89	RITEFLO DEVI	143	ROPIVACAINE HYDROCHLORIDE SOLN EP 0.2 %	125
RIMSO-50	116	ritonavir TABS	65	ROPIVACAINE HYDROCHLORIDE SOSY IJ	125
ringer's	147	RITUXAN	57	ROPIVACAINE HYDROCHLORIDE/SODIUM CHLORIDE SOLN EP 0.9 %-0.15 %, 0.9 %-0.2 %	125
RINVOQ LQ SOLN	8	RITUXAN HYCELA	58	ROSDAN KIT	101
RINVOQ TB24 15 MG	8	rivastigmine 13.3 MG/24HR	174	ROSUVASTATIN CALCIUM	76
RINVOQ TB24	8	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	174	rosuvastatin calcium TABS	49
RIOMET SOLN (Use metformin hcl) .	39	rivastigmine tartrate CAPS	174	ROSUVASTATIN/EZETIMIBE	47
risedronate sodium TABS 35 MG	110	RIVER BIRCH POLLEN EXTRACT .	6	ROSZET	47
risedronate sodium TABS 5 MG, 30 MG, 35 MG	110	rizatriptan benzoate TABS	145	ROTARIX SUSP	185
risedronate sodium TABS 5 MG, 30 MG	110	rizatriptan benzoate TBDP	145	ROTARIX SUSR	185
risedronate sodium TABS 5 MG, 35 MG, 150 MG	110	ROAOXIA	90	ROTATEQ SOLN	185
risedronate sodium TBEC	110	ROBINUL FORTE TABS (Use glycopyrrolate)	180	ROUGH MARSH ELDER EXTRACT	6
RISPERDAL CONSTA (Use risperidone microspheres)	61	ROBINUL TABS (Use glycopyrrolate)	180	ROUGH REDROOT PIGWEED POLLEN EXTRACT	6
RISPERDAL SOLN (Use risperidone)	61	ROCALTROL CAPS (Use calcitriol) 111		ROWASA (Use mesalamine w/ cleanser)	114
RISPERDAL TABS 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone) 61		ROCKLATAN	167	ROXICODONE TABS 15 MG, 30 MG (Use oxycodone hcl)	17
risperidone microspheres	62	rocuronium bromide SOLN	163	ROXICODONE TABS 5 MG (Use oxycodone hcl)	17
risperidone SOLN	62	ROCURONIUM BROMIDE SOSY 50 MG/5ML, 75 MG/7.5ML, 100 MG/10ML	163	ROXYBOND TABA 15 MG, 30 MG 17	
risperidone TABS	62	roflumilast	25	ROXYBOND TABA	17
risperidone TBDP 0.5 MG, 1 MG, 3 MG, 4 MG	62	roflumilast 500 MCG	25	ROZEREM (Use ramelteon)	122
risperidone TBDP	62	ropinirole hydrochloride TABS 0.25 MG, 3 MG, 4 MG	60	ROZLYTREK CAPS	59
RITALIN LA CP24 (Use methylphenidate hcl)	3	ropinirole hydrochloride TABS 0.5 MG, 1 MG, 2 MG, 5 MG	60	RUCONEST	117

rufinamide SUSP	32	SALIVAMAX PACK	152	SCALACORT DK	96
rufinamide TABS	32	salsalate	14	SCARZEN SKIN REPAIR	96
RUKOBIA	66	SALVAX DUO PLUS	98	SCHOOLTIME SHAMPOO SHAM	102
RUSSIAN THISTLE EXTRACT	6	SALYCIM CREA	98	SCLEROSOL INTRAPLEURAL	AERP
RUXIENCE	57	SAMI THE SEAL		177	
RYALTRIS	161	REPLACEMENTFILTERS MISC .	143	scopolamine	44
RYANODEX SUSR	161	SANCUSO PTCH	44	SCOT-TUSSIN DM LIQD	82
RYBELSUS TABS	40	SANDIMMUNE CAPS (Use		SEA SCALLOPS ALLERGENIC	
RYBREVANT	57	cyclosporine)	150	EXTRACT	105
RYKINDO SRER	62	SANDIMMUNE SOLN OR	150	SEASONIQUE (Use levonorgestrel-	
RYLAZE	59	SANDOSTATIN LAR DEPOT KIT		ethinyl estradiol (91-day))	77
RYTARY CPR	60	112		SEGLENTIS	19
RYTHMOL SR CP12 (Use		SANOFI COVID-19		SEGLUROMET	38
propafenone hcl)	24	VACCINE/ANTIGEN COMPONENT .		SELECT-OB CHEW	159
RYVENT TABS	46	185		SELECT-OB+DHA MISC	159
SABRIL PACK (Use vigabatrin) ...	32	SANTYL OINT	97	selegiline hcl CAPS	60
SABRIL TABS (Use vigabatrin) ...	32	SAPHNELO	151	selegiline hcl TABS	60
SALAGEN 5 MG (Use pilocarpine hcl		SAPHRIS (Use asenapine maleate) .		selenious acid	149
(oral))	152	62		SELENIOUS ACID 12 MCG/2ML, 60	
SALICATE LIQD	98	SAPHRIS	63	MCG/ML	149
salicylic acid FOAM	98	SAPHRIS 5 MG, 10 MG (Use		selenium sulfide LOTN 1 %	91
salicylic acid GEL 6 %	98	asenapine maleate)	62	selenium sulfide LOTN 2.5 %	91
salicylic acid LIQD 2 %, 3 %, 17 %, 27.5 %	98	SARCLISA	57	selenium sulfide SHAM 1 %	91
salicylic acid SHAM 6 %	98	SARNA LOTN (Use camphor &		SELSUN BLUE CARE MENS	
salicylic acid SOLN 26 %, 28.5 % .	98	menthol)	90	MAXIMUM STRENGTH LOTN (Use	
SALICYLIC ACID SOLN	76	SAVAYSA	28	selenium sulfide)	91
salicylic acid w/ cleanser	98	SAVELLA TABS	174	SELSUN BLUE DAILY LOTN (Use	
SALIMEZ CREA	98	SAVELLA TITRATION PACK MISC		selenium sulfide)	91
SALIMEZ FORTE CREA	98	174		SELSUN BLUE LOTN (Use selenium	
saline SOLN	161	SAVI	136	sulfide)	91
		SAVI DUAL	136	SELSUN BLUE MEDICATED LOTN	
		saxagliptin hcl	39	(Use selenium sulfide)	91
		saxagliptin-metformin hcl	38		

SELSUN BLUE MOISTURIZING LOTN (Use selenium sulfide)	91	SESAME SEED ALLERGENIC EXTRACT	105	BREATHERITE CHAMBER/ADULT MISC	143
SELZENTRY SOLN	66	sevelamer carbonate PACK	115	SILICONE MASK FOR BREATHERITE CHAMBER/INFANT MISC	143
SELZENTRY TABS 150 MG (Use maraviroc)	66	sevelamer carbonate TABS	115	SILICONE MASK FOR BREATHERITE CHAMBER/PEDIATRIC MISC ...	143
SELZENTRY TABS 25 MG, 75 MG 66		sevelamer hcl	115	SILICONE MASK FOR BREATHRITE CHAMBER/ADULT MISC	143
SELZENTRY TABS 300 MG (Use maraviroc)	66	SEVENFACT	117	SILIQ	90
SEMGLEE SOLN	41	sevoflurane	115	silodosin	116
SEMGLEE SOPN	41	SEYSARA	179	SILVADENE (Use silver sulfadiazine)	92
sennosides TABS 8.6 MG	124	SFROWASA ENEM	114	SILVER NITRATE SOLN 0.5 % ...	92
sennosides-docusate sodium TABS 123		SHAGBARK HICKORY EXTRACT	6	silver sulfadiazine	92
SENOKOT S TABS (Use sennosides-docusate sodium) ...	123	SHEEP SORREL EXTRACT	6	SIMBRINZA	165
SENOKOT TABS (Use sennosides) 124		SHINGRIX	185	simethicone CHEW 80 MG	113
SENSI-CARE MOISTURIZING CREA	100	SHORT AND GIANT RAGWEED POLLEN MIX EXTRACT	6	simethicone LIQD OR 20 MG/0.3ML . 113	
SENSORCAINE- MPF/EPINEPHRINE SOLN	124	SHORT RAGWEED EXTRACT SOLN	6	simethicone SUSP	113
SEREVENT DISKUS	27	SIDESTREAM ADULT FACE MASK MISC	143	SIMLANDI 1-PEN KIT	10
SERNIVO EMUL	96	SIDESTREAM PEDIATRIC FACEMASK MISC	143	SIMLANDI 2-PEN KIT	10
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use quetiapine fumarate)	63	SIDESTREAM PEDIATRIC FACEMASK/SAMI THE SEAL MISC . 143		SIMPLYTHICK	172
SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)	63	SIDESTREAM PLUS ADULT FACE MASK MISC	143	SIMPLYTHICK EASY MIX	172
SEROQUEL XR TB24 (Use quetiapine fumarate)	63	SILATRIX GEL	152	SIMPLYTHICK EASYMIX	172
sertraline hcl CONC	36	sildenafil citrate (pulmonary hypertension) SUSR	73	SIMPONI ARIA SOLN	10
sertraline hcl TABS	36	SILENOR (Use doxepin hcl (sleep)) . 121		SIMPONI SOAJ	10
SERTRALINE HYDROCHLORIDE CAPS	36	SILICONE MASK FOR		SIMPONI SOSY	10
				SIMULECT	150
				simvastatin TABS 5 MG, 10 MG, 20 MG, 40 MG	49

simvastatin TABS 80 MG .....49	153	116
SINEMET TABS 100 MG-10 MG, 100 MG-25 MG (Use carbidopa- levodopa) .....60	SMART SENSE PREMIUM BLOODGLUCOSE MONITORING SYSTEM KIT 135	sodium chloride (inhalant) AERS ..83 sodium chloride (inhalant) NEBU 0.9 %, 3 %, 10 %83 sodium chloride (inhalant) NEBU 7 %83 sodium chloride flush 148 sodium chloride SOLN IV 0.45 %, 0.9 %, 3 %, 4 MEQ/ML, 5 %148
SINGULAIR CHEW (Use montelukast sodium) .....25	SMART SENSE VALUE BLOODGLUCOSE MONITORING SYSTEM KIT 135	
SINGULAIR PACK (Use montelukast sodium) .....25	SMARTEST EJECT BLOOD GLUCOSE MONITORING SYSTEM DEVI 135	
SINGULAIR TABS (Use montelukast sodium) .....25	SMARTEST EJECT STARTER KIT KIT 135	SODIUM CHLORIDE SOLN IV 4 MEQ/ML 148
SINUVA IMPL .....162	SMARTEST PERSONA STARTERKIT KIT 135	sodium citrate & citric acid .....116
sirolimus SOLN 150	SMARTEST PRONTO STARTERKIT KIT 135	SODIUM CITRATE LOCK FLUSH SOSY 28
sirolimus TABS 150	SMARTEST PROTEGE BLOOD GLUCOSE MONITORING SYSTEM DEVI 135	SODIUM CITRATE/GENTAMICIN 29
SIRTURO 100 MG .....56	SMARTEST PROTEGE STARTERKIT KIT 135	SODIUM DIURIL (Use chlorothiazide sodium) 110
SITAGLIPTIN .....39	SMARTY PANTS KIDS COMPLETE AND FIBER CHEW .....157	sodium ferric gluconate complex in sucrose .....120
SITAGLIPTIN/METFORMIN HYDROCHLORIDE TABS OR ....39	SOAANZ TABS 20 MG .....109	sodium fluoride (dental) CREA ...151 sodium fluoride (dental) GEL .....151 sodium fluoride (dental) PSTE DT 151
SITAVIG TABS BU .....67	SOAANZ TABS 40 MG, 60 MG ..109	sodium fluoride (dental) SOLN ...151
SITZMARKS CAPS .....108	sod benzoate & sod phenylacetate 111	sodium fluoride CHEW 0.25 MG, 0.5 MG, 1 MG, 2.2 MG 147
SITZMARKS FOR KIDS CAPS ...108	sodium acetate SOLN 145	SODIUM FLUORIDE F 18 .....106
SIVEXTRO SOLR .....55	sodium bicarbonate (antacid) TABS 325 MG, 650 MG .....22	sodium fluoride SOLN 0.125 MG/DROP, 0.5 MG/ML .....147
SIVEXTRO TABS .....55	sodium bicarbonate IV 4.2 %, 7.5 %, 8.4 %145	sodium fluoride TABS 147
SKIN HAIR & NAILS ADVANCED BEAUTY CAPS .....154	SODIUM BICARBONATE IV .....145	sodium fluoride-potassium nitrate GEL 151
skin protectants, misc. CREA 100	SODIUM BICARBONATE/DEXTROSE ....145	SODIUM IODIDE I-123 106
SKYADERM-LP .....100	sodium chloride (gu irrigant) 0.9 %	
SKYRIZI PSKT .....90		
SKYRIZI SOCT .....114		
SKYTROFA 110		
SLO-NIACIN TBCR (Use niacin) .188		
SLOW MAGNESIUM CHLORIDE/CALCIUM .....148		
SM ONE DAILY ESSENTIAL TABS		

SODIUM IODIDE I-131	179	MG, 105 MG, 115 MG (Use	sotalol hcl TABS	70
SODIUM NITRITE	43	minocycline hcl)	SOTALOL HYDROCHLORIDE SOLN	
sodium phosphates (sodium		SOLTAMOX SOLN	IV	70
phosphate dibasic & monobasic)	142	SOLU-CORTEF	SOTYLIZE SOLN OR	70
MG/ML-276 MG/ML, 710 MG/5ML-		SOLU-MEDROL	SOVALDI PACK	67
1380 MG/5ML	148	SOLUS V2 AUDIBLE BLOOD	SOVALDI TABS	67
sodium phosphates ENEM	123	GLUCOSE MANAGEMENT	SOVUNA 200 MG	56
sodium polystyrene sulfonate POWD		SYSTEM DEVI	SOVUNA 300 MG	56
150		SOLUS V2 AUDIBLE BLOOD	SOYBEAN ALLERGENIC EXTRACT	
sodium polystyrene sulfonate SUSP		GLUCOSE MANAGEMENT	.....	105
OR 15 GM/60ML	150	SYSTEM KIT	specialty vitamins products TABS	
SODIUM		SOMA TABS (Use carisoprodol) .	160	
SULFACETAMIDE/SULFUR		SOOLANTRA (Use ivermectin	SPECPED SOLN	75
CLEANSER IN UREA EMUL	85	(rosacea))	SPEEDY SWAB RAPID COVID-19	
SODIUM		SOOTHEE PTCH	ANTIGEN SELF-TEST KIT	107
SULFACETAMIDE/SULFUR PADS		SOOTHENE NBL 100 CHILD	SPEVIGO SOSY	90
85		MASK MISC	SPHERUSOL	105
SODIUM		SOOTHENE NBL 100	SPIKEVAX COVID-19 VACCINE	
SULFACETAMIDE/SULFUR SUSP 9		MEDICATION CUP MISC	SUSP	185
%-4.25 %	85	SOOTHENE NBL 100 MESH CAP	SPIKEVAX COVID-19	
sodium sulfate-potassium sulfate-		MISC	VACCINE/2023-24 SUSP	185
magnesium sulfate	123	SOOTHENE NBL100 ADULT	SPIKEVAX COVID-19	
sodium tetradecyl sulfate	150	MASK MISC	VACCINE/2023-24 SUSY	185
sodium thiosulfate 25 %	43	SORAFENIB TOSYLATE	spinosad	102
SOFIA INFLUENZA A+B FIA	107	SORBIDON HYDRATE CREA ...	SPINY PIGWEED EXTRACT	6
SOFIA STREP A FIA	107	SORBITOL 3 %	SPIRIVA HANDIHALER CAPS (Use	
SOFIA STREP A+ FIA	107	SORBITOL OR 70 %	tiotropium bromide monohydrate) .	24
SOFIA2 FLU/SARS ANTIGEN FIA		SORBITOL/MANNITOL IRRIGATION	SPIRIVA RESPIMAT AERS	24
107		.....	SPIRO PD DEVI	143
SOFOSBUVIR/VELPATASVIR TABS		SORILUX FOAM	spironolactone & hydrochlorothiazide	
.....	67	SORREL/DOCK MIX EXTRACT IJ .	.....	109
SOF-SENSOR	135	sotalol hcl (afib/af)	spironolactone SUSP	109
solifenacin succinate TABS	183	sotalol hcl TABS 80 MG, 120 MG,	spironolactone TABS	109
SOLIQUA 100/33	39	160 MG		
SOLODYN TB24 55 MG, 65 MG, 80				

SPONGEBOB SQUAREPANTS GUMMIES CHEW	157	STANDARDIZED CAT HAIR EXTRACT SOLN IJ 10000 BAU/ML-10000 BAU/ML, 5000 BAU/ML-5000 BAU/ML	6	STELARA 130 MG/26ML	114
SPORANOX CAPS (Use itraconazole)	45	STANDARDIZED GRASS POLLEN MIX KORT/SWEET VERNAL GRASS EXT	6	STELARA SOSY	90
SPORANOX PULSEPAK CAPS (Use itraconazole)	45	STANDARDIZED GRASS POLLENMIXTURE OF 6	6	STERILE TALC POWDER SUSR 177	
SPORANOX SOLN (Use itraconazole)	45	STANDARDIZED GRASS POLLENPERENNIAL RYE IJ	6	STERILE TOPICAL L.E.T. GEL GEL . 100	
SPRING BIRCH POLLEN EXTRAXT	6	STANDARDIZED JUNE GRASS POLLEN EXTRACT	6	STERITALC POWD	177
SPRITAM TB3D	32	STANDARDIZED MITE DERMATOPHAGOIDES FARINAE IJ 10000 AU/ML, 30000 AU/ML, 5000 AU/ML	6	STIOLTO RESPIMAT	27
SPRIX SOLN NA	12	STANDARDIZED MITE DERMATOPHAGOIDES PTERONYSSINUS IJ 10000 AU/ML, 30000 AU/ML, 5000 AU/ML	6	STRATAGRAFT	103
SPY AGENT GREEN IJ	105	STANDARDIZED MITE EXTRACT SOLN SC 10000 AU/ML	6	STRATTERA (Use atomoxetine hcl) 2	
SPY-MIS KIT IJ	106	STANDARDIZED MITE MIX SOLN SC 5000 AU/ML-5000 AU/ML	6	STRAWBERRY ALLERGENIC EXTRACT	105
SPY-PHI KIT IJ	106	STANDARDIZED MITE MIXED EXTRACT SOLN SC	6	STREPTOCOCCINUM 30C PLLT SL	149
SQUALENE	76	STANDARDIZED PERENNIAL RYE GRASS POLLEN EXTRACT IJ	6	streptomycin sulfate SOLR	8
SSKI SOLN (Use potassium iodide (expectorant))	83	STANDARDIZED SWEET VERNALGRASS POLLEN	6	STRIBILD	66
ST JOSEPH ADULT ANALGESICLOW DOSE BITE SIZE CHEW	14	STANDARDIZED TIMOTHY GRASS POLLEN EXTRACT SOLN IJ	6	STRIVERDI RESPIMAT	27
ST JOSEPH ADULT CHEW	14	STATUS COVID-19/FLU A&B	107	STRONTIUM CHLORIDE SR-89 .	59
STALEVO 100 (Use carbidopa-levodopa-entacapone)	60	stavudine CAPS	66	STROVITE FORTE SYRP	154
STALEVO 125 (Use carbidopa-levodopa-entacapone)	60	STEGLATRO	42	SUBLOCADE SOSY	20
STALEVO 200 (Use carbidopa-levodopa-entacapone)	60	STEGLUJAN	39	SUBOXONE FILM SL (Use buprenorphine hcl-naloxone hcl dihydrate)	20
STALEVO 50 (Use carbidopa-levodopa-entacapone)	60			SUBSYS LIQD	17
STALEVO 75 (Use carbidopa-levodopa-entacapone)	60			succinylcholine chloride SOLN ...	162
STAMARIL SUSR	185			SUCCINYLCHOLINE CHLORIDE SOLN	162
STANDARDIZED BERMUDA GRASS POLLEN IJ	6			SUCCINYLCHOLINE CHLORIDE SOSY IV	162
				sucralfate SUSP	181
				sucralfate TABS	181
				SUDAFED CHILDRENS LIQD ...	162

SUFENTANIL CITRATE SOLN XX 17	sulfacetamide sodium w/ sulfur PADS 10 %-4 %	MG/0.5ML	145
SUFLAVE	sulfacetamide sodium w/ sulfur SUSP 10 %-5 %	sumatriptan succinate SOCT	145
SUGAMMADEX SODIUM SOSY	sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	sumatriptan succinate SOLN 6 MG/0.5ML	145
SULAR 8.5 MG, 17 MG, 34 MG (Use nisoldipine)	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	sumatriptan succinate TABS	145
sulconazole nitrate CREA	sulfacetamide sod-prednisolone SOLN	sumatriptan-naproxen sodium	144
sulconazole nitrate SOLN	sulfadiazine TABS	SUMAXIN CP KIT	86
sulfacetamide sodium (acne)	sulfamethoxazole-trimethoprim SOLN	SUMAXIN PADS	86
sulfacetamide sodium (ophth) OINT 166	sulfamethoxazole-trimethoprim SUSP	SUPER ANTIOXIDANT CAPS	154
sulfacetamide sodium (ophth) SOLN 166	sulfamethoxazole-trimethoprim TABS	SUPERVITE	152
sulfacetamide sodium GEL	SULFAMYLON CREA	SUPPORT-500 CAPS	154
sulfacetamide sodium LIQD	SULFAMYLON PACK 5 % (Use mafenide acetate)	SUPREME II CONFIDENCE PADDLES MISC	135
sulfacetamide sodium SHAM 10 % 92	sulfasalazine TABS	SUPREP BOWEL PREP KIT (Use sodium sulfate-potassium sulfate- magnesium sulfate)	123
sulfacetamide sodium SHAM	sulfasalazine TBEC	SURE COMFORT AUTOKEEPER SAFETY PEN NEEDLES 32GX5/32"	137
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	SULFURATED LIME	SURE RESULT O3D3 SYSTEM	47
sulfacetamide sodium w/ sulfur CREA 9.8 %-4.8 %	sulindac TABS	SURGIFOAM POWD XX	121
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	SUMADAN KIT	SURVANTA INTRATRACHEAL	178
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur)	SUSTIVA CAPS 200 MG (Use efavirenz)	66
sulfacetamide sodium w/ sulfur FOAM	SUMADAN XLT KIT	SUSTIVA CAPS 50 MG (Use efavirenz)	66
sulfacetamide sodium w/ sulfur LIQD 86	SUMANSETRON	SUSTIVA TABS (Use efavirenz)	66
sulfacetamide sodium w/ sulfur LOTN 10 %-5 %	sumatriptan 20 MG/ACT	SUSTOL PRSY	44
sulfacetamide sodium w/ sulfur LOTN 9.8 %-4.8 %	sumatriptan 5 MG/ACT	SUTAB	123
	sumatriptan succinate SOAJ 4 MG/0.5ML	SWEET CHERRY ALLERGENIC EXTRACT	105
	sumatriptan succinate SOAJ 6	SWEET GUM EXTRACT	6
		SX1 MEDICATED POST-	

OPERATIVE SYSTEM	100	SYNVISC ONE SOSY	161	phosphate)	68
SYMBYAX 25 MG-3 MG, 25 MG-6 MG (Use olanzapine-fluoxetine hcl) 174		SYNVISC SOSY	161	tamoxifen citrate TABS	58
SYMDEKO	177	T.R.U.E. TEST	105	tamsulosin hcl	116
SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate)	66	TAB-A-VITE MULTIVITAMIN/IRON AND BETA-CAROTENE TABS ..	153	TARON FORTE	120
SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate)	66	TABRADOL FUSEPAQ	161	tasimelteon CAPS	122
SYMJEPI SOSY 0.3 MG/0.3ML ..	187	TABRADOL RAPIDPAQ	161	TASOPROL KIT	96
SYMLINPEN 120 SOPN	38	TACLONEX OINT (Use calcipotriene- betamethasone dipropionate)	96	TAURINE SOLN	163
SYMLINPEN 60 SOPN	38	TACLONEX SUSP (Use calcipotriene-betamethasone dipropionate)	96	TAUVID	106
SYMPAZAN FILM	30	tacrolimus (topical) OINT	98	tavorole	89
SYMTUZA	66	tacrolimus CAPS	150	TAVNEOS	117
SYNAGIS SOLN	171	tadalafil 2.5 MG, 5 MG	73	tazarotene CREA	91
SYNALAR CREA (Use fluocinolone acetoneide)	96	TAGAMET HB 200 TABS (Use cimetidine)	181	TAZAROTENE FOAM	86
SYNALAR CREAM KIT	96	TAGAMET HB TABS (Use cimetidine)	181	tazarotene GEL	91
SYNALAR OINT (Use fluocinolone acetoneide)	96	TAGITOL V SUSP OR	108	TAZICEF 4.4 %-1 GM/50ML	75
SYNALAR OINTMENT KIT	96	TAKHZYRO SOLN	117	TAZORAC CREA (Use tazarotene) 91	
SYNALAR SOLN (Use fluocinolone acetoneide)	96	TAKHZYRO SOSY	117	TAZORAC CREA	91
SYNALAR TS	96	TALIVA	120	TAZORAC GEL (Use tazarotene) .	91
SYNAPRYN FUSEPAQ SUSR	17	TALL RAGWEED EXTRACT	6	TAZVERIK	59
SYNERA PTCH	100	TALTZ SOAJ	90	TDVAX SUSP	180
SYNERDERM EMUL	100	TALTZ SOAJ	91	TECFIDERA CPDR (Use dimethyl fumarate)	175
SYNJARDY TABS	39	TALTZ SOSY	91	TECFIDERA STARTER PACK CDPK (Use dimethyl fumarate)	175
SYNJARDY XR TB24	39	TALZENNA	59	TECHNELITE	106
SYNOJOYNT SOSY	161	TAMIFLU CAPS 30 MG (Use oseltamivir phosphate)	67	TEFLARO	75
SYNTHROID TABS (Use levothyroxine sodium)	179	TAMIFLU CAPS 45 MG, 75 MG (Use oseltamivir phosphate)	67	TEGRETOL SUSP (Use carbamazepine)	32
		TAMIFLU SUSR (Use oseltamivir		TEGRETOL TABS (Use carbamazepine)	32
				TEGRETOL-XR TB12 (Use carbamazepine)	32

TEGSEDI	177	teriparatide (recombinant) SOPN	110	MONITORING SYSTEM PREMIUM KIT	135
TEKTURNA (Use aliskiren fumarate)	53	TESTIM GEL TD (Use testosterone) 21		THAM	145
TEKTURNA HCT	52	TESTONE CIK KIT	21	THE LIQUILIFT TRACE KIT KIT .	149
telmisartan	50	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	21	THEO-24 CP24	27
telmisartan-amlodipine	52	testosterone cypionate SOLN IM 100 MG/ML	21	theophylline ELIX	27
telmisartan-hydrochlorothiazide ...	52	testosterone cypionate SOLN IM 200 MG/ML	21	theophylline SOLN	27
temazepam 15 MG, 30 MG	122	testosterone enanthate SOLN IM .	21	theophylline TB12	27
temazepam 7.5 MG, 22.5 MG	122	testosterone GEL TD 1 %, 1.62 %, 20.25 MG/1.25GM, 25 MG/2.5GM, 50 MG/5GM	21	theophylline TB24	27
TEMBEXA SUSP	68	testosterone GEL TD 1 %, 10 MG/ACT, 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM, 50 MG/5GM	21	THERA TABS	155
TEMBEXA TABS	68	testosterone GEL TD 1.62 %	21	THERABETIC EYE HEALTH TABS 160	
TEMOVATE CREA (Use clobetasol propionate)	96	testosterone SOLN	21	THERAMILL FORTE CAPS	154
TEMPO SMART BUTTON MISC .	135	TETANUS/DIPHTHERIA TOXOIDS- ADSORBED ADULT SUSP	180	THERANATAL LACTATION ONE CAPS	154
TEMPO WELCOME KIT	135	TETPIDTAR	97	THEREMS MULTIVITAMIN TABS 155	
TENIVAC INJ	180	tetrabenazine	174	thiamine hcl TABS	188
tenofovir disoproxil fumarate TABS 66		tetrabenazine 12.5 MG	174	thiamine mononitrate TABS 100 MG . 188	
TENORETIC 100 (Use atenolol & chlorthalidone)	52	tetracaine hcl (ophth)	167	thioridazine hcl	63
TENORETIC 50 (Use atenolol & chlorthalidone)	52	tetracaine hcl SOLN	125	thiothixene	64
TENORMIN TABS (Use atenolol) .	69	tetracycline hcl CAPS	179	THRESHOLD IMT MISC	143
TEPMETKO	59	tetrahydrozoline hcl (ophth) 0.05 % 166		THRESHOLD PEP DEVI	143
terazosin hcl	51	TEXACORT SOLN 2.5 %	96	THROMBIN-JMI DILUENT SOLR 121	
terbinafine hcl (topical) CREA	89	TGT BLOOD GLUCOSE MONITORING SYSTEM KIT	135	THROMBIN-JMI EPISTAXIS KIT .	121
terbinafine hcl TABS	45	TGT BLOOD GLUCOSE		THROMBIN-JMI SYRINGE SPRAY KIT KIT	121
terbutaline sulfat SOLN	27			THROMBIN-JMI W/DIL SPRAYPUMP ACTUATOR KIT ..	121
terbutaline sulfat TABS	27			THROMBOGEN KIT 10000 UNIT 121	
terconazole vaginal CREA	186				
terconazole vaginal SUPP	186				
teriflunomide	175				

THROMBOGEN SOLR 1000 UNIT, 10000 UNIT	121	TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	164	TOBRADEX OINT	168
THYMUS	76	TIMOPTIC OCUDOSE SOLN 0.5 % (Use timolol maleate (ophth))	164	TOBRADEX ST SUSP	168
THYQUIDITY SOLN OR	179	TIMOPTIC SOLN (Use timolol maleate (ophth))	164	TOBRADEX SUSP (Use tobramycin- dexamethasone)	168
THYROGEN 0.9 MG	106	TIMOPTIC-XE SOLG (Use timolol maleate (ophth))	164	tobramycin (ophth) SOLN	166
THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	179	TIMOTHY GRASS POLLEN EXTRACT SOLN IJ	6	tobramycin NEBU	8
tiagabine hcl	32	TINACTIN CREA (Use tolnaftate) .	89	tobramycin sulfate SOLN IJ	8
TIAZAC (Use diltiazem hcl extended release beads)	71	tinidazole	53	tobramycin sulfate SOLR	8
TIAZAC 120 MG, 180 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl extended release beads)	71	tinidazole 500 MG	53	TOBRAMYCIN/VANCOMYCIN HYDROCHLORIDE	166
TIAZAC 240 MG (Use diltiazem hcl extended release beads)	71	tioconazole vaginal 6.5 %	186	tobramycin-dexamethasone SUSP 168	
TICE BCG	59	tiotropium bromide monohydrate CAPS	24	TOBREX OINT	166
TICOVAC	185	tiotropium bromide monohydrate CAPS	25	TOLAK CREA	90
TIGAN SOLN	44	tirofiban hcl in sodium chloride ...	118	tolcapone	59
tigecycline	178	TIROSINT CAPS	179	TOLECTIN 600 TABS	12
TIGECYCLINE	178	TIROSINT-SOL SOLN OR	179	tolmetin sodium CAPS	12
TIKOSYN (Use dofetilide)	24	TISSEEL KIT	121	tolmetin sodium TABS 600 MG ...	13
timolol maleate (ophth) SOLG	164	TISSEEL SOLN	121	tolnaftate CREA	89
timolol maleate (ophth) SOLN 0.25 %	164	TIVICAY TABS 10 MG, 25 MG	66	TOLSURA CAPS	45
timolol maleate (ophth) SOLN 0.5 % . 164		TIVICAY TABS 50 MG	66	tolterodine tartrate CP24	183
timolol maleate TABS	70	TIVORBEX CAPS (Use indomethacin)	12	tolterodine tartrate TABS	183
TIMOLOL/BRIMONIDE/DORZOLAMI DE	164	tizanidine hcl CAPS	161	TOMATO ALLERGENIC EXTRACT . 105	
TIMOLOL/BRIMONIDINE/DORZOLA MIDE/LATANOPROST	164	tizanidine hcl TABS 4 MG	161	TOPAMAX SPRINKLE CPSP 15 MG (Use topiramate)	32
TIMOLOL/DORZOLAMIDE/LATANO PROST	164	tizanidine hcl TABS	161	TOPAMAX SPRINKLE CPSP 25 MG (Use topiramate)	32
TIMOLOL/LATANOPROST	164	TLANDO CAPS	21	TOPAMAX TABS 100 MG (Use topiramate)	32
		TM-DAILY VITE TABS	155	TOPAMAX TABS 200 MG (Use topiramate)	32
		TNKASE	118	TOPAMAX TABS 25 MG, 50 MG	

(Use topiramate)	32	MG	109	TRANXENE T TABS 7.5 MG (Use clorazepate dipotassium)	23
TOPICAL L.E.T GEL	100	TOTALVISC SOSY	168	tranylcypromine sulfate	35
TOPICORT CREA 0.05 % (Use desoximetasone)	96	TOVIAZ (Use fesoterodine fumarate)	183	TRAVATAN Z SOLN (Use travoprost)	170
TOPICORT CREA 0.25 % (Use desoximetasone)	96	TPN ELECTROLYTES CONC ...	147	travoprost SOLN	170
TOPICORT GEL (Use desoximetasone)	96	TPOXX CAPS	68	TRAZIMERA 150 MG	58
TOPICORT LIQD (Use desoximetasone)	96	TPOXX SOLN	68	TRAZIMERA 420 MG	58
TOPICORT OINT (Use desoximetasone)	96	TRACE ELEMENTS 4/PEDIATRIC 149		trazodone hcl TABS 300 MG	37
TOPICORT OINT (Use desoximetasone)	97	TRACER II 3 VOLT BATTERY MISC 135		trazodone hcl TABS 50 MG, 100 MG, 150 MG	37
TOPICORT OINT 0.05 % (Use desoximetasone)	96	TRACLEER TBSO	73	TRECATOR	56
TOPIDEX KIT	80	TRADJENTA	39	TREE MIX 9	6
topiramate CP24	32	TRALEMENT	149	TRELEGY ELLIPTA	27
topiramate CPSP 15 MG	32	tramadol hcl CP24 100 MG, 200 MG, 300 MG	17	TRELEGY ELLIPTA 100 MCG/ACT- 25 MCG/ACT-62.5 MCG/ACT	27
topiramate CPSP 25 MG	32	tramadol hcl SOLN	17	TREMFYA SOPN	91
topiramate CS24	32	tramadol hcl TABS 25 MG	17	TREMFYA SOSY	91
topiramate TABS 100 MG, 200 MG 32		tramadol hcl TABS 50 MG	17	TRESIBA FLEXTOUCH SOPN ...	41
topiramate TABS 25 MG, 50 MG ..	32	tramadol hcl TB24 100 MG	18	TRESIBA SOLN	41
TOPROL XL TB24 200 MG (Use metoprolol succinate)	69	tramadol hcl TB24	18	tretinoin CREA 0.025 %, 0.05 %, 0.1 %	86
TOPROL XL TB24 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 69		TRAMADOL HYDROCHLORIDE SOLN (Use tramadol hcl)	18	tretinoin GEL 0.01 %	86
toremifene citrate	58	tramadol-acetaminophen	20	tretinoin GEL 0.025 %	86
TORONOVA II SUIK	13	trandolapril 1 MG, 2 MG	50	tretinoin GEL 0.05 %	86
TORONOVA SUIK	13	trandolapril 4 MG	50	tretinoin microsphere	86
torsemidate TABS 20 MG	109	trandolapril-verapamil hcl	53	TREXALL TABS 5 MG, 7.5 MG, 10 MG, 15 MG	57
torsemidate TABS 5 MG, 10 MG, 100		tranexamic acid SOLN 1000 MG/10ML	120	TREXIMET (Use sumatriptan- naproxen sodium)	144
Index 91		tranexamic acid TABS	120	TRIAMCINOLONE 40 MG/ML	80
		TRANSDERM-SCOP (Use scopolamine)	44	triamcinolone acetonide (mouth)	152

triamcinolone acetonide (nasal) AERO .....162	triamterene & hydrochlorothiazide CAPS 25 MG-37.5 MG .....109	TRILOAN SUIK .....80
triamcinolone acetonide (topical) AERS .....97	triamterene & hydrochlorothiazide TABS 25 MG-37.5 MG .....109	TRILOCICLO .....97
triamcinolone acetonide (topical) CREA 0.025 %97	triamterene & hydrochlorothiazide TABS 50 MG-75 MG .....109	TRILURON SOSY .....161
triamcinolone acetonide (topical) CREA 0.1 %97	triamterene CAPS .....109	trimethobenzamide hcl CAPS .....44
triamcinolone acetonide (topical) CREA 0.5 %97	triazolam .....122	trimethoprim TABS .....53
triamcinolone acetonide (topical) LOTN .....97	TRIBENZOR (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide) .....53	trimipramine maleate CAPS .....38
triamcinolone acetonide (topical) OINT 0.025 %, 0.5 %97	TRICITRASOL CONC .....29	TRIMOXI+ .....168
triamcinolone acetonide (topical) OINT 0.05 %, 0.1 %97	TRICOPHYTON MENTAGROPHYTES .....6	TRINTELLIX .....37
triamcinolone acetonide (topical) OINT 0.05 %97	TRICOR TABS (Use fenofibrate) ..49	TRINTELLIX 5 MG, 20 MG .....37
triamcinolone acetonide (topical) OINT 0.5 %97	TRIDESILON CREA 0.05 % (Use desonide) .....97	TRIONEX .....91
triamcinolone acetonide SUSP 40 MG/ML, 200 MG/5ML, 400 MG/10ML.....80	TRIFERIC AVNU SOLN IV .....120	TRIOSTAT SOLN (Use liothyronine sodium) .....179
TRIAMCINOLONE ACETONIDE SUSP 40 MG/ML, 80 MG/ML .....80	TRIFERIC PACK .....120	TRIPLE COMPLEX FORMULA 3KIT.....89
TRIAMCINOLONE ACETONIDE/BUPIVACAINE HYDROCHLORIDE SUSP .....80	TRIFERIC SOLN HM .....120	TRIPLE PMB SOLR .....168
triamcinolone acetonide-dimethicone- silicone .....97	trifluoperazine hcl TABS .....63	TRIPLE PMK SOLR .....168
TRIAMCINOLONE DIACETATE 40 MG/ML .....80	trifluridine .....166	TRISODIUM CITRATE/CRRT ...149
TRIAMCINOLONE/MOXIFLOXACIN HCL .....168	trihexyphenidyl hcl SOLN .....59	TRISTART DHA .....159
TRIAMINIC LONG ACTING COUGH LIQD (Use dextromethorphan hbr) 81	trihexyphenidyl hcl TABS .....59	TRISTART FREE .....159
TRI-AMINO .....163	TRIJARDY XR .....39	TRIUMEQ PD TBSO .....66
	TRIKAFTA TBPK .....177	TRIUMEQ TABS .....66
	TRILEPTAL SUSP (Use oxcarbazepine) .....32	TRI-VI-FLOR .....157
	TRILEPTAL TABS (Use oxcarbazepine) .....32	TRI-VI-FLORO .....157
	TRILIPIX (Use choline fenofibrate) 49	TRIZIVIR .....66
	TRILOAN II SUIK .....80	TROKENDI XR CP24 (Use topiramate) .....32
		TROMETHAMINE .....145
		tropicamide SOLN .....165
		TROPICAMIDE/PROPARACAINE/P HENYLEPHRINE/KETOROLAC .165
		trospium chloride CP24 .....183

trosipium chloride TABS	183	TRULICITY	40	TYLENOL CHILDRENS SUSP (Use acetaminophen)	14
TRUBREXA PTCH	100	TRUMENBA	184	TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	14
TRUDHESA	144	TRUSELTIQ	59	TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	14
TRUE COMFORT SAFETY PEN NEEDLES 31G X 5MM	137	TRUSOPT (Use dorzolamide hcl) 169		TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	14
TRUE COMFORT SAFETY PEN NEEDLES 32G X 4MM	137	TRUVADA 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	66	TYLENOL TABS (Use acetaminophen)	14
TRUE FOCUS BLOOD GLUCOSESELF MONITORING METER DEVI	135	TRUXIMA	57	TYMLOS	110
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH DEVI	136	TUBERSOL	105	TYPHIM VI SOLN	184
TRUE METRIX AIR BLOOD GLUCOSE METER/BLUETOOTH SMART KIT	135	TUBING/WING TIP MISC	143	TYPHIM VI SOSY	184
TRUE METRIX AIR W/BLUETOOTH SMART KIT	136	TUDORZA PRESSAIR	25	TYRVAYA	164
TRUE METRIX BLOOD GLUCOSEMETER KIT	136	TULIVITE TABS	120	UCERIS (Use budesonide (intrarectal))	21
TRUE METRIX DEVI	136	TUMS CHEW (Use calcium carbonate (antacid))	22	UCERIS TB24 (Use budesonide) ..	80
TRUE METRIX GO BLOOD GLUCOSE METER KIT	136	TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid)) ..	22	UCERIS TB24 (Use budesonide) ..	81
TRUE METRIX VITAMIN TABS	155	TURALIO	59	UDSX MEDICATED SYSTEM ...	107
TRUELYTE SOLN	147	TURPENTINE SPIRITS	98	UDSXMP MEDICATED SYSTEM	107
TRUERESULT BLOOD GLUCOSEMONITORING SYSTEM/NO CODING KIT	136	TUXARIN ER TB12	82	ULORIC (Use febuxostat)	117
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM DEVI ...	136	TUZISTRA XR	82	ULTRA NEB NEBULIZER ACCESSORIES KIT MISC	143
TRUETRACK BLOOD GLUCOSE MONITORING SYSTEM KIT	136	TWINRIX SUSY	185	ULTRACET (Use tramadol-acetaminophen)	20
TRUETRACK SMART SYSTEM KIT .	136	TWIRLA	77	ULTRAM TABS (Use tramadol hcl)	18
TRULANCE	113	TWYNEO	86	ULTRAVATE LOTN	97
		TYBLUME CHEW	77	UNIFINE PROTECT SAFETY PEN NEEDLE 30G X 5MM	137
		TYBOST	66	UNIFINE PROTECT SAFETY PEN NEEDLE 32G X 4MM	137
		TYENNE SC 162 MG/0.9ML	10	UNISOM SLEEPTABS (Use	
		TYLENOL CHILDRENS CHEWABLES/PAIN + FEVER CHEW (Use acetaminophen)	14		
		TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	14		

doxylamine succinate (sleep)) .....121	URSODIOL CAPS .....113	VALTOCO 5 MG DOSE LIQD .....30
UNITUXIN .....57	ursodiol TABS 250 MG .....113	VALTREX (Use valacyclovir hcl) ..67
UNZDOMDIOXIAZAR THPK 86	ursodiol TABS 500 MG .....113	VALTREX 1 GM (Use valacyclovir hcl) 67
UPLIZNA .....150	URSODIOL/SYRSPEND SF PH4 SUSP .....113	VALTREX 500 MG (Use valacyclovir hcl) 67
UPSPRING HE NATAL TABS ....160	UVADEX .....59	VANCOGIN CAPS 125 MG (Use vancomycin hcl) .....54
UPTRAVI SOLR 73	VABYSMO .....165	VANCOGIN CAPS 250 MG (Use vancomycin hcl) .....54
UPTRAVI TABS 200 MCG .....73	VAGIFEM TABS (Use estradiol vaginal) .....186	vancomycin hcl CAPS 54
UPTRAVI TABS .....73	valacyclovir hcl .....67	vancomycin hcl SOLR IV 1 GM, 1000 MG 54
UPTRAVI TITRATION PACK TBPK 73	valacyclovir hcl 1 GM, 500 MG ....67	vancomycin hcl SOLR IV 1.25 GM, 1.5 GM, 5 GM, 10 GM, 750 MG ... 54
urea CREA 10 %, 20 %, 39 %, 41 %, 45 %, 47 %97	VALCYTE TABS (Use valganciclovir hcl) .....66	vancomycin hcl SOLR IV 500 MG .54
urea CREA 40 %97	valganciclovir hcl SOLR .....66	vancomycin hcl SOLR OR 25 MG/ML, 50 MG/ML, 250 MG/5ML .54
urea FOAM .....97	valganciclovir hcl TABS .....66	VANCOMYCIN HYDROCHLORIDE SOLN IV 1000 MG/200ML, 1500 MG/300ML .....54
urea GEL 45 %97	VALIUM TABS (Use diazepam) ... 23	VANCOMYCIN HYDROCHLORIDE SOLR IV 1 GM .....55
urea in lactic acid vehicle .....97	VALLADERM-90 .....100	VANCOMYCIN HYDROCHLORIDE SOLR IV 1.25 GM, 1.5 GM, 5 GM, 10 GM, 750 MG .....55
urea LOTN 40 %97	valproate sodium SOLN IV 100 MG/ML, 500 MG/5ML .....34	VANCOMYCIN HYDROCHLORIDE SOLR IV 500 MG .....55
UREA/SALICYLIC ACID CREA ... 98	valproate sodium SOLN OR 250 MG/5ML .....34	VANCOMYCIN HYDROCHLORIDE/DEXTROSE 1.5 GM/300ML-5 %54
URESOL CREA .....97	valproic acid CAPS .....34	VANDAZOLE .....186
URIBEL .....54	VALPROIC ACID POWD .....76	VANISH LQCR .....151
URIMAR-T TABS .....54	valsartan SOLN .....50	VANOS CREA (Use fluocinonide) .97
URINX MEDICATED SPECIMENCOLLECTION PACKAGE .....107	valsartan TABS .....50	VAPRISOL .....112
UROKIT-K 10 TBCR (Use potassium citrate (alkalinizer)) 116	valsartan-hydrochlorothiazide .....53	
UROKIT-K 5 TBCR (Use potassium citrate (alkalinizer)) 116	valsartan-hydrochlorothiazide 12.5 MG-160 MG, 12.5 MG-320 MG, 25 MG-160 MG, 25 MG-320 MG .....53	
UROXATRAL (Use alfuzosin hcl) 116	VALTOCO 10 MG DOSE LIQD ...30	
URSO 250 TABS (Use ursodiol) . 113	VALTOCO 15 MG DOSE LQPK ...30	
ursodiol CAPS .....113	VALTOCO 20 MG DOSE LQPK ...30	

VAQTA	185	VAXNEUVANCE	184	VENOMIL YELLOW HORNET VENOM PROTEIN KIT	7
varenicline tartrate TABS 0.5 MG	177	VCF VAGINAL CONTRACEPTIVE FILM FILM	185	VENOMIL YELLOW JACKET VENOM PROTEIN KIT	7
varenicline tartrate TABS 1 MG ..	177	VECTICAL (Use calcitriol (topical)) 91		VEOZAH	111
varenicline tartrate TBPK	177	vecuronium bromide SOLR	163	verapamil hcl CP24 100 MG, 200 MG, 300 MG	71
VARIBAR NECTAR SUSP OR ...	108	VECURONIUM BROMIDE SOSY 163		verapamil hcl CP24 120 MG, 180 MG, 240 MG, 360 MG	71
VARIBAR THIN LIQUID SUSR ...	108	VEINPUNCTURE PX1 PHLEBOTOMY SYSTEM	100	verapamil hcl SOLN 2.5 MG/ML ...	71
VARITHENA FOAM	150	VELPHORO	115	verapamil hcl TABS	71
VARIVAX INJ	185	VELTASSA	150	verapamil hcl TBCR	71
VARIZIG SOLN	171	VELTIN (Use clindamycin phosphate-tretinoin)	86	VERAPAMIL HYDROCHLORIDE ER CP24 (Use verapamil hcl)	71
VAROPHEN	90	VEMLIDY	67	VERASENS BLOOD GLUCOSE MONITORING SYSTEM KIT	136
VASCEPA (Use icosapent ethyl) .	47	VENELEX OINT	103	VERASENS BLOOD GLUCOSE MONITORING SYSTEM METER KIT DEVI	136
VASERETIC 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	53	VENLAFAXINE BESYLATE ER ...	37	VERDES0 FOAM	97
vasopressin SOLN IV	111	venlafaxine hcl CP24 150 MG	37	VEREGEN	86
VASOPRESSIN SOSY	111	venlafaxine hcl CP24 37.5 MG	37	VERELAN CP24 (Use verapamil hcl) 71	
VASOPRESSIN/DEXTROSE SOLN 20 UNIT/100ML-5 %, 50 UNIT/50ML- 5 %	111	venlafaxine hcl CP24 75 MG	37	VERELAN PM CP24 (Use verapamil hcl)	71
VASOPRESSIN/DEXTROSE SOSY .	111	venlafaxine hcl TABS	37	VERIFINE PLUS PEN NEEDLE/32G X 4MM	137
VASOPRESSIN/SODIUM CHLORIDE SOLN 0.9 %-20 UNIT/100ML, 0.9 %-40 UNIT/100ML .	111	venlafaxine hcl TB24	37	VERKAZIA EMUL	167
VASOPRESSIN/SODIUM CHLORIDE SOSY	111	VENOFER	120	VERQUVO	74
VASOSTRICT SOLN IV	111	VENOMIL HONEY BEE VENOM KIT 120 MCG	6	VERSACLOZ SUSP	63
VASOTEC TABS (Use enalapril maleate)	50	VENOMIL MIXED VESPID VENOM PROTEIN SOLR IJ	7	VERSAPAP DEVI	143
VAXCHORA	184	VENOMIL WASP VENOM PROTEIN KIT	7	VERSAPAP/UNIVERSAL TUBING DEVI	143
VAXELIS SUSP	180	VENOMIL WHITE FACED HORNET PROTEIN KIT	7	VERSAPENN (AL)	
VAXELIS SUSY	180	VENOMIL WHITE FACED HORNET VENOM PROTEIN KIT	7		

ANHYDROUSLIPID BASE GEL ..173	vinorelbine tartrate 59	VITAFOL-OB+DHA MISC 159
VESICARE LS SUSP .....183	VIOKACE TABS 108	VITAFOL-ONE CAPS 159
VESICARE TABS (Use solifenacin succinate) .....183	VIRACEPT TABS 250 MG 66	VITAL-D RX .....152
VESICARE TABS 10 MG (Use solifenacin succinate) .....183	VIRACEPT TABS 625 MG 66	VITALETS CHILDRENS CHEW ..157
VEVYE SOLN .....167	VIREAD POWD 66	VITALIPID N INFANT EMUL 157
VFEND SUSR (Use voriconazole) .45	VIREAD TABS (Use tenofovir disoproxil fumarate) 66	VITAMEDMD ONE RX/QUATREFOLIC .....159
VFEND TABS (Use voriconazole) .45	VIREAD TABS 150 MG, 200 MG, 250 MG 66	VITAMEDMD REDICHEW RX ...159
VIBERZI .....115	VIRT-C DHA 159	VITAMEZ .....120
VIBRAMYCIN CAPS (Use doxycycline hyclate) 179	VIRT-NATE DHA CAPS .....159	VITAMIN E CAPS 200 UNIT 188
VIBRAMYCIN SUSR (Use doxycycline (monohydrate)) 179	VIRT-PN DHA .....159	vitamin e CAPS 45 MG, 90 MG, 100 UNIT, 180 MG, 200 UNIT, 268 MG, 400 UNIT .....188
VICTOZA .....40	VISCOAT SOSY .....168	VITAMIN E CHEW .....188
vigabatrin PACK 32	VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth)) .....166	vitamins w/ lipotropics CAPS 160
vigabatrin PACK 33	VISION HEALTH CAPS 154	VITAPEARL .....159
vigabatrin TABS .....33	VISION OPTIMIZER CAPS 154	VITATRUE 159
VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth)) .....166	VISTA ADVANCED AREDS2 FORMULA CAPS .....154	VITAZYME TABS .....155
VIIBRYD STARTER PACK KIT ....37	VISTA ADVANCED DRY EYE FORMULA CAPS .....154	VITEYES CLASSIC ADVANCED CAPS 155
VIIBRYD TABS (Use vilazodone hcl) 37	VISTARIL CAPS (Use hydroxyzine pamoate) .....23	VITEYES CLASSIC CAPS 155
VIJOICE PACK 150	VISTOGARD 43	VITEYES CLASSIC MACULAR SUPPORT CAPS .....155
vilazodone hcl TABS .....37	VITABEX CAPS 155	VITEYES CLASSIC/OMEGA-3 CAPS .....155
VILTEPSO 163	VITABEX PLUS CAPS 154	VITEYES CLASSIC+OMEGA-3 CAPS 155
VIMOVO (Use naproxen-esomeprazole magnesium) .....13	VITACHEW MULTIPLE	VITLIPID N ADULT EMUL IV ....155
VIMPAT SOLN OR 10 MG/ML (Use lacosamide) .....32	VITAMINCHILDRENS CHEW ....157	VITLIPID N INFANT EMUL .....157
VIMPAT TABS (Use lacosamide) ..32	VITAFOL GUMMIES .....159	VITRASE SOLN 149
VINATE DHA RF .....159	VITAFOL STRIPS .....159	VIVA DHA CAPS 159
vinblastine sulfate SOLN .....59	VITAFOL ULTRA 159	VIVAGUARD INO BLOOD GLUCOSE METER DEVI 136
	VITAFOL-NANO 159	

VIVAGUARD INO BLOOD GLUCOSE TEST STRIPS STRP .107	VORTEX VALVED HOLDING CHAMBER DEVI	hcl)	48
VIVAGUARD INO CONTROL SOLUTION LIQD	VOYDEYA TABS	WELIREG	58
VIVAGUARD INO SMART BLOOD GLUCOSE METER DEVI	VOYDEYA TBPK	WELLBUTRIN SR TB12 100 MG (Use bupropion hcl)	34
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	VP FC KIT	WELLBUTRIN SR TB12 150 MG (Use bupropion hcl)	34
VIVELLE-DOT PTTW 0.0375 MG/24HR (Use estradiol)	VP GKL KIT	WELLBUTRIN SR TB12 200 MG (Use bupropion hcl)	35
VIVITROL	VRAYLAR CAPS	WELLBUTRIN XL TB24 150 MG (Use bupropion hcl)	35
VIVJOA	VRAYLAR CPPK	WELLBUTRIN XL TB24 300 MG (Use bupropion hcl)	35
VIVOTIF	VTAMA	WESCAP-C DHA	159
VOCABRIA	VUEWAY	WESCAP-PN DHA	159
VOGELXO GEL TD (Use testosterone)	VUITY SOLN	WESNATAL DHA COMPLETE ..	159
VOGELXO PUMP GEL TD (Use testosterone)	VUMERITY	WESNATE DHA CAPS	159
VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) . 90	VUSION (Use miconazole-zinc oxide-white petrolatum)	WESTERN JUNIPER EXTRACT ..	7
VOQUEZNA	VYNDAMAX	WESTERN JUNIPER POLLEN EXTRACT	105
VOQUEZNA DUAL PAK	VYTORIN (Use ezetimibe- simvastatin)	WESTGEL DHA	159
VOQUEZNA TRIPLE PAK	VYVANSE CAPS	WHITE ALDER POLLEN EXTRACT 105	
voriconazole SOLR	VYVANSE CHEW	WHITE ASH POLLEN EXTRACT IJ	7
voriconazole SUSR	VYZULTA	WHITE BIRCH EXTRACT SC	7
voriconazole TABS	WAKIX	WHITE BIRCH POLLEN EXTRACT IJ	7
VORTEX HOLDING CHAMBER/MASK/CHILDS/FROG DEVI	warfarin sodium TABS	WHITE MULBERRY EXTRACT	7
VORTEX HOLDING CHAMBER/MASK/TODDLER/LADY BUG DEVI	WASP VENOM PROTEIN SOLR IJ 550 MCG, 1300 MCG	WHITE OAK EXTRACT	7
	WAVESENSE AMP KIT	white petrolatum-mineral oil	163
	WAX MYRTLE POLLEN EXTRACT . 7	WHITE PINE EXTRACT	7
	WEGOVI	WHITE POTATO ALLERGENIC EXTRACT	105
	WELCHOL PACK (Use colesevelam hcl)	WHITE-FACED HORNET VENOM	
	WELCHOL TABS (Use colesevelam		

SOLR IJ	7	XANAX TABS (Use alprazolam) ...	23	1"X8" MISC	103
WHOLE GRAIN BARLEY ALLERGENIC EXTRACT	105	XARACOLL IMPL	125	XEROFORM NON-OCCLUSIVE ROLL MISC	103
WHOLE WHEAT ALLERGENIC EXTRACT	105	XARELTO STARTER PACK TBPK 28		XEROFORM OCCLUSIVE GAUZEPATCH PADS	103
WIDE-SEAL SILICONE DIAPHRAGM KIT 60	126	XARELTO SUSR	28	XEROFORM OCCLUSIVE GAUZESTRIP 1"X8" PADS	104
WIDE-SEAL SILICONE DIAPHRAGM KIT 65	126	XARELTO TABS	28	XEROFORM OCCLUSIVE PETROLATUM GAUZE ROLL 4"X9' MISC	104
WIDE-SEAL SILICONE DIAPHRAGM KIT 70	126	XATMEP SOLN	57	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP 1"X8" MISC	104
WIDE-SEAL SILICONE DIAPHRAGM KIT 75	126	XCOPRI TABS 50 MG, 100 MG, 150 MG, 200 MG	32	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP 5"X9" MISC	104
WIDE-SEAL SILICONE DIAPHRAGM KIT 80	126	XCOPRI TBPK	32	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 1"X8" MISC	104
WIDE-SEAL SILICONE DIAPHRAGM KIT 85	127	XDEMVI	166	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
WIDE-SEAL SILICONE DIAPHRAGM KIT 90	127	XELJANZ SOLN	8	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
WIDE-SEAL SILICONE DIAPHRAGM KIT 95	127	XELJANZ TABS	8	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
WILZIN	149	XELJANZ XR TB24	8	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
WINDMILL TRAINER MISC	143	XELPROS EMUL	170	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
WINLEVI	86	XELSTRYM	2	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
WINREVAIR	73	XEMBIFY	171	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
WINRHO SDF SOLN 1500 UNIT/1.3ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML, 15000 UNIT/13ML ..	171	XENAZINE (Use tetrabenazine) ..	175	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
WPR PLUS WOUND HEALING SYSTEM THPK	100	XENLETA TABS	55	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
WYNZORA CREA	97	XENON XE 133	106	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
XACDURO	54	XENOVIEV	107	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
XACIATO GEL	186	XEOMIN	163	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
XALATAN SOLN (Use latanoprost) 170		XEPI	87	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
		XERAVA	178	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
		XERESE	92	XEROFORM OCCLUSIVE PETROLATUM GAUZE STRIP/OVERWRAP 5"X9" MISC	104
		XEROFORM NON-OCCLUSIVE OIL EMULSION GAUZE STRIP 5"X9" PADS	103	XEROSTOMIA RELIEF SPRAY SOLN	152
		XEROFORM NON-OCCLUSIVE OIL EMULSION PATCH 2"X2" PADS	103	XHANCE EXHU	162
		XEROFORM NON-OCCLUSIVE OIL EMULSION STRIP/OVERWRAP		XIFAXAN	53
				XIGDUO XR	39

XIIDRA	167	XYZAL ALLERGY 24HR TABS (Use levocetirizine dihydrochloride)	47	hcl)	161
XILOGEL	76	YASMIN 28 (Use drospirenone-ethinyl estradiol)	77	ZANAFLEX TABS 4 MG (Use tizanidine hcl)	161
XIMINO CP24 (Use minocycline hcl) .	179	YAZ (Use drospirenone-ethinyl estradiol)	77	ZANOSAR	57
XOFIGO	59	YELLOW DOCK EXTRACT	7	ZARONTIN CAPS (Use ethosuximide)	33
XOFLUZA	68	YELLOW HORNET		ZARONTIN SOLN (Use ethosuximide)	33
XOLAIR SOLR	24	VENOMPROTEIN SOLR IJ	7	ZARXIO	119
XOLAIR SOSY	24	YELLOW JACKET VENOMPROTEIN SOLR IJ	7	ZATEAN-PN DHA	159
XOLEGEL COREPAK KIT	89	YF-VAX INJ	185	ZAVZPRET	144
XOLEGEL DUO/HEAD & SHOULDERS	89	YOSPRALA	118	ZEGALOGUE SOAJ	39
XOLEGEL DUO/XOLEX	89	YUFLYMA 1-PEN KIT AJKT 40 MG/0.4ML	10	ZEGALOGUE SOSY	39
XOLEGEL GEL	89	YUFLYMA 2-PEN KIT AJKT	10	ZEGERID CAPS (Use omeprazole-sodium bicarbonate)	182
XOPENEX (Use levalbuterol hcl) .	27	YUFLYMA 2-SYRINGE KIT PSKT .	10	ZEGERID PACK (Use omeprazole-sodium bicarbonate)	182
XOPENEX CONCENTRATE (Use levalbuterol hcl)	27	YUFLYMA CD/UC/HS STARTER AJKT	10	ZELAPAR TBDP	60
XOPENEX HFA (Use levalbuterol tartrate)	27	YUMVSKIDS MULTI ZERO CHEW	157	ZEMAIRA SOLR 4000 MG, 5000 MG	177
XPOVIO 60 MG TWICE WEEKLY	58	YUPELRI	25	ZEMBRACE SYMTOUCH SOAJ .	145
XPOVIO 80 MG TWICE WEEKLY	58	YUSIMRY	10	ZEMDRI	8
XRYLIX (Use diclofenac sodium & adhesive sheets)	90	ZACARE 4% KIT	86	ZENIFIBER AG 4"X5" PADS	104
XRYLIX II (Use diclofenac sodium & adhesive sheets)	90	ZACARE 8% KIT	86	ZENIFIBER AG 6"X6" PADS	104
XTAMPZA ER	18	ZACLIR CLEANSING LOTN	86	ZENIFIBER AG 8"X8" PADS	104
XULTOPHY 100/3.6	39	ZADITOR 0.035 % (Use ketotifen fumarate (ophth))	169	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	109
XYLIDERM	100	zafirlukast	25		
XYLOCAINE-MPF/EPINEPHRINE SOLN	124	zafirlukast 20 MG	25		
XYOSTED SOAJ	21	zaleplon	122		
XYWAV	173	ZALVIT TABS	159		
		ZANAFLEX CAPS (Use tizanidine			

ZEPATIER	67	zinc sulfate SOLN 1 MG/ML, 5 MG/ML	149	zolmitriptan TBDP	145
ZEPBOUND	2	ZINGO JTAJ	125	ZOLOFT CONC (Use sertraline hcl) 36	
ZEPZELCA	57	ZIPHEX TABS	159	ZOLOFT TABS 100 MG (Use sertraline hcl)	36
ZERBAXA	74	ziprasidone hcl 20 MG, 60 MG, 80 MG	61	ZOLOFT TABS 25 MG, 50 MG (Use sertraline hcl)	37
ZESTORETIC (Use lisinopril & hydrochlorothiazide)	53	ziprasidone hcl 40 MG	61	ZOLOFT TABS 50 MG, 100 MG (Use sertraline hcl)	36
ZESTRIL TABS (Use lisinopril)	50	ziprasidone mesylate	61	ZOLPIDEM TARTRATE CAPS ...	122
ZETIA (Use ezetimibe)	49	ZIPSOR CAPS (Use diclofenac potassium)	13	zolpidem tartrate SUBL	122
ZETONNA AERS	162	ZIRABEV	57	zolpidem tartrate TABS	122
ZIAC 6.25 MG-10 MG, 6.25 MG-5 MG (Use bisoprolol & hydrochlorothiazide)	53	ZIRGAN GEL	166	zolpidem tartrate TBCR	122
ZIAC 6.25 MG-2.5 MG (Use bisoprolol & hydrochlorothiazide) ..	53	ZITHRANOL SHAM	91	ZOLPIMIST SOLN	122
ZIAGEN SOLN (Use abacavir sulfate)	66	ZITHROMAX PACK (Use azithromycin)	126	ZOMACTON SOLR SC 10 MG ...	110
ZIAGEN TABS (Use abacavir sulfate)	66	ZITHROMAX SUSR 100 MG/5ML (Use azithromycin)	126	ZOMACTON SOLR SC	110
ZIANA (Use clindamycin phosphate- tretinoin)	86	ZITHROMAX SUSR 200 MG/5ML (Use azithromycin)	126	ZOMIG SOLN (Use zolmitriptan) .	145
zidovudine CAPS	66	ZITHROMAX TABS 250 MG (Use azithromycin)	126	ZOMIG SOLN	145
zidovudine SYRP	66	ZITHROMAX TABS 500 MG (Use azithromycin)	126	ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	145
zidovudine TABS	66	ZITHROMAX TRI-PAK TABS (Use azithromycin)	126	ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	32
ZIEXTENZO	119	ZITHROMAX Z-PAK TABS (Use azithromycin)	126	ZONISADE SUSP	32
ZILACAINE PATCH	100	ZITUVIO	39	zonisamide CAPS	32
zileuton TB12	25	ZMA CLEAR SUSP	86	ZONTIVITY	118
ZILXI	101	ZOCOR TABS 10 MG, 20 MG, 40 MG (Use simvastatin)	49	ZOO FRIENDS MULTI GUMMIES CHEW	157
ZIMHI SOSY	43	zolmitriptan SOLN 2.5 MG	145	ZORTRESS (Use everolimus (immunosuppressant))	150
zinc chloride SOLN	149	zolmitriptan SOLN 5 MG	145	ZORVOLEX CAPS	13
ZINC GLUCONATE SOLN	149	zolmitriptan TABS	145	ZORYVE	91
zinc oxide (topical) OINT 20 % ...	101			ZORYVE	92
zinc sulfate CAPS	149			ZOSYN	172

ZOVIRAX CREA (Use acyclovir topical)	92	ZYRTEC CHILDRENS ALLERGY CHEW 10 MG (Use cetirizine hcl) .	47
ZOVIRAX OINT (Use acyclovir topical)	92	ZYRTEC-D ALLERGY/CONGESTION (Use cetirizine-pseudoephedrine)	82
ZOVIRAX SUSP (Use acyclovir) ..	67	ZYRTEC-D ALLERGY/SINUS (Use cetirizine-pseudoephedrine)	82
ZTALMY	32	ZYTIGA (Use abiraterone acetate)	58
ZTLIDO PTCH	100	ZYVOX SOLN	55
ZYCLARA (Use imiquimod)	98		
ZYCLARA PUMP (Use imiquimod)	98		
ZYCLARA PUMP	98		
ZYFLO TABS	25		
ZYLET	168		
ZYLOPRIM 100 MG (Use allopurinol)	117		
ZYLOPRIM 300 MG (Use allopurinol)	117		
ZYMAXID (Use gatifloxacin (ophth)) .	166		
ZYMFENTRA 2-PEN AJKT	114		
ZYNRELEF	13		
ZYPITAMAG 2 MG, 4 MG	49		
ZYPREXA SOLR (Use olanzapine)	63		
ZYPREXA TABS 15 MG, 20 MG (Use olanzapine)	63		
ZYPREXA TABS 2.5 MG, 5 MG (Use olanzapine)	63		
ZYPREXA TABS 7.5 MG, 10 MG (Use olanzapine)	63		
ZYPREXA ZYDIS TBDP (Use olanzapine)	63		
ZYRTEC CHEW 10 MG (Use cetirizine hcl)	47		