

Arizona Complete Health-Complete Care Plan

Lista completa de medicamentos preferentes:

La lista completa de medicamentos de Arizona Complete Health-Complete Care Plan incluye medicamentos que han sido revisados y aprobados por un comité de médicos y farmacéuticos. No es una lista completa de todos los medicamentos cubiertos. Si necesita un medicamento que no figura en la lista, llame a los servicios para afiliados de Arizona Complete Health-Complete Care Plan y pregunte si está cubierto. Si el medicamento no está cubierto, su médico puede solicitar autorización previa para cubrir el medicamento.

La lista de medicamentos se actualiza con frecuencia y puede cambiar. Puede ver la lista de medicamentos más reciente en www.azcompletehealth.com/providers/pharmacy.html



Programa de farmacia

Arizona Complete Health-Complete Care Plan proporciona farmacoterapia adecuada, de alta calidad y rentable a todos los afiliados de Arizona Complete Health-Complete Care Plan. Arizona Complete Health-Complete Care Plan cubre medicamentos recetados y ciertos medicamentos de venta libre (OTC) cuando son indicados por un médico. Algunos medicamentos requieren autorización previa (PA) o tienen límites para la edad, dosis y cantidades máximas.

Los medicamentos genéricos tienen el mismo principio activo que sus equivalentes con nombre de marca y deben usarse como primera línea de tratamiento. Esto se aplica a menos que se indique concretamente que se prefiere una marca. Si no hay un medicamento genérico disponible, puede haber más de un medicamento de nombre de marca que se pueda usar en su tratamiento. La Lista de medicamentos preferentes (PDL) completa de Arizona Complete Health-Complete Care se revisa con frecuencia por nuestro Comité de Farmacia y Tratamientos (P&T) de Arizona Complete Health. Esto ayuda a promover el uso apropiado y rentable de los medicamentos.

Límites de dosis

Puede obtener hasta un suministro máximo de treinta (30) días por cada nueva receta médica o reabastecimiento de la mayoría de medicamentos. Puede obtener hasta un suministro de noventa (90) días si:

- El medicamento está prescrito para una enfermedad crónica
- Usted va a estar fuera del área de servicio durante un largo periodo de tiempo
- La receta está limitada al periodo de tiempo
- El medicamento está prescrito para anticoncepción

Debe haber transcurrido un total del 85 % del suministro de 30 días antes de que se pueda reabastecer la receta médica para la mayoría de los medicamentos.

Autorización previa y otros límites

Algunos medicamentos que figuran en la PDL completa de Arizona Complete Health-Complete Care Plan pueden requerir autorización previa (PA). Su médico o farmacéutico solicitará una PA para usted. La información deberá ser presentada por el practicante o farmacéutico en el formulario de autorización previa de medicamentos. Puede encontrar este documento en el sitio web de Arizona Complete Health-Complete Care Plan en <https://www.azcompletehealth.com/providers/pharmacy.html>. Pueden enviar la PA por fax al 1-855-554-5233 o su proveedor médico puede enviar una solicitud de PA electrónicamente a <https://www.covermy meds.com/main/prior-authorization-forms/>.

No todos los medicamentos oncológicos están enumerados abajo. Todos los agentes

oncológicos (antineoplásicos) no reembolsables por las autoridades federales están disponibles mediante autorización previa.

Arizona Complete Health-Complete Care Plan cubrirá el/los medicamento(s) si:

1. Existe un motivo médico que requiera el/los medicamento(s) específico(s)
2. Dependiendo del medicamento, otros medicamentos en la PDL no han funcionado

Si la solicitud es aprobada, Arizona Complete Health-Complete Care Plan informa al médico por fax. Si la información clínica provista no cumple con los criterios de cobertura para el medicamento solicitado, Arizona Complete Health-Complete Care Plan realizará lo siguiente:

- Revisará la solicitud y les informará a usted y su médico sobre nuestra decisión
- Le informará sobre medicamentos alternativos, si estuviesen disponibles
- Proporcionará información sobre lo que puede hacer para apelar nuestra decisión si no está de acuerdo con ella.

Abreviación	Significado	Cómo funciona
AL	Límite de edad	Algunos medicamentos solo están cubiertos para ciertas edades.
F	Formulario	Estos medicamentos están cubiertos por Arizona Complete Health-Complete Care Plan.
MP	Producto de mantenimiento	Estos medicamentos se utilizan para el tratamiento de afecciones o enfermedades a largo plazo.
NF	Fuera del formulario	Estos medicamentos requieren autorización para estar cubiertos por Arizona Complete Health-Complete Care Plan.
PA	Autorización previa	Su médico debe solicitar la aprobación de Arizona Complete Health-Complete Care Plan antes de cubrir algunos medicamentos.
QL	Límite de cantidad	Algunos medicamentos solo están cubiertos para una cantidad determinada.
SP	Producto especial	Se utilizan para el tratamiento de afecciones complejas o raras como hepatitis C o artritis reumatoide.
ST	Terapia escalonada	En algunos casos, primero debe probar ciertos medicamentos antes de que Arizona Complete Health-Complete Care Plan cubra otro medicamento para su afección médica. Por ejemplo, si el Medicamento A y el Medicamento B tratan su afección médica, el plan puede no cubrir el Medicamento B a menos que pruebe primero el Medicamento A.

Solicitudes por necesidad médica

Si necesita un medicamento para tratar una afección que no figura en la PDL, su médico puede presentar una solicitud de necesidad médica (MN) para el medicamento.

Política de suministro de emergencia

Las leyes estatales y federales exigen que una farmacia dispense un suministro de hasta 4 días a cualquier afiliado que espera una determinación de PA. El propósito es evitar la interrupción del tratamiento o retrasos en el inicio del tratamiento. Las farmacias de la red están autorizadas a proporcionar un suministro de hasta 4 días de medicamentos tradicionales (no especiales). Solicite a su farmacia que llame al Servicio de asistencia a farmacias al **1-888-624-1131** para obtener ayuda para reabastecer el suministro de emergencia de 4 días.

Exclusiones

La lista de medicamentos de Arizona Complete Health-Complete Care Plan no incluye ciertos medicamentos. Los siguientes tipos de medicamentos están excluidos de la cobertura. Tampoco están disponibles como suministro de emergencia de 4 días.

- Los medicamentos que se consideran experimentales o de investigación (los afiliados que estén inscritos pueden participar en servicios experimentales; no obstante, AHCCCS no reembolsará dicho servicio experimental de acuerdo con la normativa A.A.C. R9-22-203)
- Medicamentos de estudios de eficacia e implementación de medicamentos (DESI)
- Prótesis, aparatos y dispositivos
- Medicamentos recetados para esterilidad
- Medicamentos recetados para disfunción eréctil o sexual
- Medicamentos recetados únicamente con fines estéticos o para el crecimiento del cabello
- Vitaminas y minerales orales o medicamentos de venta libre, con la excepción de los que figuran en la PDL o si un afiliado tiene déficit de una vitamina que no figure en la PDL
- Suplementos nutricionales
- Marihuana médica
- Los medicamentos elegibles para la cobertura de Medicare Part D (para afiliados elegibles de Medicare); los copagos y costos compartidos para medicamentos de salud mental están cubiertos para los afiliados de SMI que también sean elegibles para Medicare.

Productos recién aprobados

Arizona Complete Health-Complete Care Plan revisa los nuevos medicamentos para determinar su seguridad y efectividad antes de agregarlos a la PDL. Durante este período, el acceso a estos medicamentos se considerará mediante el proceso de revisión de PA.

Cómo reabastecer una receta médica

Puede reabastecer su receta médica en una farmacia de la red de Arizona Complete Health-Complete Care Plan. Para encontrar una farmacia dentro de la red, visite el sitio web de Arizona Complete Health-Complete Care Plan <https://providersearch.azcompletehealth.com>. También puede llamar a los servicios para afiliados para obtener ayuda para encontrar una farmacia de la red cerca suyo. Cuando seleccione una farmacia, traiga con usted su tarjeta de identificación de Arizona Complete Health-Complete Care Plan. La farmacia necesitará la información que figura en la tarjeta para reabastecer su receta médica.

Para obtener más información sobre sus beneficios de farmacia, consulte su Guía para afiliados o llame a los servicios para afiliados al 888-788-4408 (TTY/TDY 711).

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL TABS (<i>Use amphetamine-dextroamphetamine</i>)	F	QL(2 ea daily);AL(At least 6 yrs old)
ADDERALL XR 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, 6.25 MG-6.25 MG-6.25 MG-6.25 MG, 7.5 MG-7.5 MG-7.5 MG-7.5 MG (<i>Use amphetamine-dextroamphetamine</i>)	F	QL(1 ea daily);AL(At least 6 yrs old)
ADDERALL XR CP24 5 MG-5 MG-5 MG-5 MG (<i>Use amphetamine-dextroamphetamine</i>)	F	QL(2 ea daily);AL(At least 6 yrs old)
<i>amphetamine-dextroamphetamine tabs</i>	F	QL(2 ea daily);AL(At least 6 yrs old)
<i>dextroamphetamine sulfate tabs 15 MG, 20 MG, 30 MG</i>	F	
<i>dextroamphetamine sulfate tabs 5 MG, 10 MG</i>	F	QL(2 ea daily);AL(At least 6 yrs old)
VYVANSE CAPS	F	QL(1 ea daily);AL(At least 6 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
<i>atomoxetine hcl</i>	F	QL(1 ea daily);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
<i>clonidine hcl (adhd) tb12</i>	F	QL(4 ea daily);AL(At least 6 yrs old)
<i>guanfacine hcl (adhd)</i>	F	QL(1 ea daily);AL(At least 6 yrs old)
INTUNIV (<i>Use guanfacine hcl (adhd)</i>)	NF	QL(1 ea daily);AL(At least 6 yrs old)
KAPVAY TB12 (<i>Use clonidine hcl (adhd)</i>)	NF	QL(4 ea daily);AL(At least 6 yrs old)
STRATTERA (<i>Use atomoxetine hcl</i>)	NF	QL(1 ea daily);AL(At least 6 yrs old)
Stimulants - Misc.		
CONCERTA TBCR 18 MG, 27 MG, 36 MG (<i>Use methylphenidate hcl</i>)	F	QL(2 ea daily);AL(At least 6 yrs old)
CONCERTA TBCR 54 MG (<i>Use methylphenidate hcl</i>)	F	QL(1 ea daily);AL(At least 6 yrs old)
DAYTRANA PTCH (<i>Use methylphenidate</i>)	F	QL(1 ea daily);AL(At least 6 yrs old)
<i>dexmethylphenidate hcl tabs</i>	F	QL(2 ea daily);AL(At least 6 yrs old)
FOCALIN TABS (<i>Use dexmethylphenidate hcl</i>)	NF	QL(2 ea daily);AL(At least 6 yrs old)
FOCALIN XR CP24 25 MG, 30 MG, 35 MG, 40 MG (<i>Use dexmethylphenidate hcl</i>)	F	QL(1 ea daily);AL(At least 6 yrs old)
FOCALIN XR CP24 5 MG, 10 MG, 15 MG, 20 MG (<i>Use dexmethylphenidate hcl</i>)	F	QL(2 ea daily);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
METHYLIN SOLN (<i>Use methylphenidate hcl</i>)	F	QL(10 ml daily);AL(At least 6 yrs old)
<i>methylphenidate hcl cpcr</i>	F	QL(1 ea daily);AL(At least 6 yrs old)
<i>methylphenidate hcl tabs</i>	F	QL(3 ea daily);AL(At least 6 yrs old)
RITALIN TABS (<i>Use methylphenidate hcl</i>)	NF	QL(3 ea daily);AL(At least 6 yrs old)
RITALIN LA CP24 40 MG (<i>Use methylphenidate hcl</i>)	F	QL(1 ea daily);AL(At least 6 yrs old)
RITALIN LA CP24 10 MG, 20 MG, 30 MG (<i>Use methylphenidate hcl</i>)	F	QL(2 ea daily);AL(At least 6 yrs old)

ALTERNATIVE MEDICINES

Alternative Medicine Combinations

FLAX + DHA CAPS	F	
OMEGA 3-6-9 COMPLEX CAPS	F	
OMEGA-3-6-9 CAPS	F	
RA OMEGA 3-6-9 CAPS	F	
SM OMEGA-3 CAPS	F	
SM OMEGA-3-6-9 FATTY ACIDS CAPS	F	
SUPER OMEGA-3 CAPS	F	
TRIPLE OMEGA-3-6-9 CAPS	F	

AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections

Aminoglycosides

BETHKIS NEBU (<i>Use tobramycin</i>)	F	SP;PA
KITABIS PAK NEBU (<i>Use tobramycin</i>)	F	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
<i>neomycin sulfate tabs</i>	F	

ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions

Antirheumatic - Enzyme Inhibitors

XELJANZ TABS	F	SP;PA
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Antirheumatic Antimetabolites

REDITREX SOSY	F	SP;PA
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Anti-TNF-alpha - Monoclonal Antibodies

HUMIRA PSKT	F	SP;PA
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT 80 MG/0.8ML	F	SP;PA
HUMIRA PEN PNKT	F	SP;PA
HUMIRA PEN-CD/UC/HS STARTER PNKT	F	SP;PA
HUMIRA PEN-PEDIATRIC UC STARTER PACK PNKT	F	SP;PA
HUMIRA PEN-PS/UV STARTER PNKT	F	SP;PA

Nonsteroidal Anti-inflammatory Agents (NSAIDs)

ADVIL TABS (<i>Use ibuprofen</i>)	NF	
ADVIL CAPS (<i>Use ibuprofen</i>)	NF	
ADVIL MIGRAINE CAPS (<i>Use ibuprofen</i>)	NF	
ALEVE CAPS (<i>Use naproxen sodium</i>)	NF	
ALEVE TABS (<i>Use naproxen sodium</i>)	NF	
ALEVE ARTHRITIS TABS (<i>Use naproxen sodium</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
ANAPROX DS TABS (Use naproxen sodium)	NF	
ARTHROTEC 50 TBEC (Use diclofenac w/ misoprostol)	NF	
ARTHROTEC 75 TBEC (Use diclofenac w/ misoprostol)	NF	
CELEBREX (Use celecoxib)	NF	QL(2 ea daily);PA
celecoxib	F	QL(2 ea daily);PA
CHILDRENS ADVIL SUSP 100 MG/5ML (Use ibuprofen)	NF	RX/OTC
CHILDRENS MOTRIN SUSP 100 MG/5ML (Use ibuprofen)	NF	RX/OTC
DAYPRO (Use oxaprozin)	NF	
diclofenac potassium tabs 50 MG	F	
diclofenac sodium tbec	F	
diclofenac sodium tb24	F	
diclofenac w/ misoprostol tbec	F	
EC-NAPROSYN TBEC (Use naproxen)	NF	
etodolac tabs	F	
etodolac caps	F	
FELDENE CAPS (Use piroxicam)	NF	
fenoprofen calcium caps 400 MG	F	
fenoprofen calcium tabs	F	
flurbiprofen tabs 50 MG	F	

Drug Name	Drug Tier	Requirement s/Limits
ibuprofen chew	F	
ibuprofen susp 50 MG/1.25ML	F	
ibuprofen caps	F	
ibuprofen tabs 200 MG	F	
ibuprofen susp 100 MG/5ML	F	RX/OTC
INDOCIN SUSP	F	
INDOCIN SUPP	F	
indomethacin caps 25 MG, 50 MG	F	
indomethacin cpcr	F	
INFANTS ADVIL SUSP (Use ibuprofen)	NF	
ketoprofen cp24	F	
ketoprofen caps 50 MG, 75 MG	F	
ketorolac tromethamine tabs	F	QL(20 ea per 30 days retail)
LODINE TABS (Use etodolac)	NF	
meclofenamate sodium caps	F	
mefenamic acid caps	F	
meloxicam tabs	F	
MOBIC TABS (Use meloxicam)	NF	
MOTRIN CHILDRENS CHEW (Use ibuprofen)	NF	
MOTRIN INFANTS DROPS SUSP (Use ibuprofen)	NF	
nabumetone	F	
NALFON CAPS (Use fenoprofen calcium)	NF	
NALFON TABS (Use fenoprofen calcium)	NF	

Drug Name	Drug Tier	Requirements/Limits
NAPROSYN TABS 500 MG (Use naproxen)	NF	
NAPROSYN SUSP (Use naproxen)	NF	
<i>naproxen susp</i>	F	
<i>naproxen tbec</i>	F	
<i>naproxen tabs</i>	F	
<i>naproxen sodium tabs 220 MG</i>	F	
<i>naproxen sodium caps</i>	F	
<i>oxaprozin</i>	F	
<i>piroxicam caps</i>	F	
<i>sulindac tabs</i>	F	
<i>tolmetin sodium tabs 600 MG</i>	F	
<i>tolmetin sodium caps</i>	F	
Phosphodiesterase 4 (PDE4) Inhibitors		
OTEZLA TABS	F	SP;PA
OTEZLA TBPK	F	SP;PA
Pyrimidine Synthesis Inhibitors		
ARAVA (Use leflunomide)	NF	
<i>leflunomide</i>	F	
Soluble Tumor Necrosis Factor Receptor Agents		
ENBREL SOSY	F	SP;PA
ENBREL SOLR	F	SP;PA
ENBREL MINI SOCT	F	SP;PA
ENBREL SURECLICK SOAJ	F	SP;PA
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions		
Analgesic Combinations		
BUTALBITAL/ASPIRIN/CAFFEINE TABS	F	QL(6 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>butalbital-acetaminophen-caffeine tabs 325 MG-40 MG-50 MG</i>	F	QL(4 ea daily)
<i>butalbital-aspirin-caffeine caps</i>	F	QL(6 ea daily)
ESGIC TABS (Use butalbital-acetaminophen-caffeine)	NF	QL(4 ea daily)
FIORINAL CAPS (Use butalbital-aspirin-caffeine)	NF	QL(6 ea daily)
Analgesics Other		
<i>acetaminophen chew 80 MG</i>	F	
<i>acetaminophen susp 160 MG/5ML</i>	F	
<i>acetaminophen tabs 500 MG</i>	F	
<i>acetaminophen liqd 160 MG/5ML</i>	F	
<i>acetaminophen supp 120 MG</i>	F	
<i>acetaminophen elix 160 MG/5ML</i>	F	
<i>acetaminophen caps 500 MG</i>	F	
<i>acetaminophen soln or 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML</i>	F	
FEVERALL JUNIOR STRENGTH SUPP	F	
OFIRMEV SOLN IV (Use acetaminophen)	NF	
TYLENOL TABS (Use acetaminophen)	NF	
TYLENOL CHILDRENS SUSP (Use acetaminophen)	NF	

Drug Name	Drug Tier	Requirement s/Limits
TYLENOL CHILDRENS PAIN +FEVER SUSP (Use acetaminophen)	NF	
TYLENOL EXTRA STRENGTH TABS (Use acetaminophen)	NF	
TYLENOL FOR CHILDREN/ADULTS SUSP (Use acetaminophen)	NF	
TYLENOL INFANTS PAIN+FEVER SUSP (Use acetaminophen)	NF	
Salicylates		
<i>aspirin chew</i>	F	
<i>aspirin tbec 81 MG</i>	F	
<i>aspirin tabs 325 MG</i>	F	
ASPIRIN SUPP 300 MG, 600 MG	F	
<i>aspirin buffered (cal carb-mag carb-mag oxide) 325 MG</i>	F	
BUFFERIN (Use aspirin buffered (cal carb-mag carb-mag oxide))	NF	
<i>diflunisal tabs</i>	F	
ECOTRIN TBEC (Use aspirin)	NF	
ECOTRIN MAXIMUM STRENGTH TBEC (Use aspirin)	NF	
ECOTRIN REGULAR STRENGTH TBEC (Use aspirin)	NF	
<i>salsalate</i>	F	
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions		
Opioid Agonists		

Drug Name	Drug Tier	Requirement s/Limits
DILAUDID TABS (Use hydromorphone hcl)	NF	QL(6 ea daily)
DILAUDID LIQD (Use hydromorphone hcl)	NF	QL(16 ml daily)
DURAGESIC PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR (Use fentanyl)	NF	PA
<i>fentanyl pt72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	F	PA
<i>hydromorphone hcl tabs</i>	F	QL(6 ea daily)
<i>hydromorphone hcl liqd</i>	F	QL(16 ml daily)
HYDROMORPHONE HCL SUPP	F	12 per month;QL(0.4 ea daily,12 ea per fill retail)
<i>meperidine hcl tabs 50 MG</i>	F	
<i>morphine sulfate supp</i>	F	QL(6 ea daily)
<i>morphine sulfate tbc</i>	F	PA
<i>morphine sulfate soln or 20 MG/ML, 100 MG/5ML</i>	F	
<i>morphine sulfate tabs</i>	F	QL(6 ea daily)
<i>morphine sulfate soln or 10 MG/5ML, 20 MG/5ML</i>	F	500 per month;QL(16.67 ml daily)
MS CONTIN TBCR (Use morphine sulfate)	NF	PA
OXAYDO TABS 5 MG	F	QL(6 ea daily)
<i>oxycodone hcl tabs</i>	F	QL(6 ea daily)
<i>oxycodone hcl caps</i>	F	QL(6 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>oxycodone hcl conc 100 MG/5ML</i>	F	QL(6 ml daily)
<i>oxycodone hcl soln</i>	F	QL(6 ml daily)
ROXICODONE TABS (Use <i>oxycodone hcl</i>)	NF	QL(6 ea daily)
<i>tramadol hcl tabs 50 MG</i>	F	QL(6 ea daily)
<i>tramadol hcl tb24</i>	F	PA
ULTRAM TABS (Use <i>tramadol hcl</i>)	NF	QL(6 ea daily)
XTAMPZA ER	F	PA
Opioid Combinations		
<i>acetaminophen w/ codeine tabs 300 MG-15 MG, 300 MG-30 MG, 300 MG-60 MG</i>	F	QL(6 ea daily)
<i>acetaminophen w/ codeine soln</i>	F	QL(16 ml daily)
<i>butalbital-acetaminophen-caffeine w/ codeine</i>	F	QL(6 ea daily)
<i>butalbital-aspirin-caffeine w/cod</i>	F	QL(6 ea daily)
FIORICET/CODEINE 300 MG-30 MG-40 MG-50 MG (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NF	QL(6 ea daily)
FIORINAL/CODEINE #3 (Use <i>butalbital-aspirin-caffeine w/cod</i>)	NF	QL(6 ea daily)
<i>hydrocodone-acetaminophen soln 2.5 MG/5ML-108 MG/5ML, 5 MG/10ML-217 MG/10ML, 7.5 MG/15ML-325 MG/15ML</i>	F	QL(16 ml daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>hydrocodone-acetaminophen tabs 10 MG-300 MG, 10 MG-325 MG, 5 MG-300 MG, 5 MG-325 MG, 7.5 MG-300 MG, 7.5 MG-325 MG</i>	F	QL(6 ea daily)
<i>hydrocodone-ibuprofen 200 MG-10 MG, 200 MG-5 MG, 200 MG-7.5 MG</i>	F	QL(6 ea daily)
NORCO TABS (Use <i>hydrocodone-acetaminophen</i>)	NF	QL(6 ea daily)
<i>oxycodone w/ acetaminophen tabs 10 MG-300 MG, 10 MG-325 MG, 2.5 MG-325 MG, 5 MG-300 MG, 5 MG-325 MG, 7.5 MG-325 MG</i>	F	QL(6 ea daily)
OXYCODONE/ACETAMINOPHEN TABS	F	QL(6 ea daily)
<i>oxycodone-aspirin 4.835 MG-325 MG</i>	F	QL(6 ea daily)
PERCOCET TABS 10 MG-325 MG, 2.5 MG-325 MG, 5 MG-325 MG, 7.5 MG-325 MG (Use <i>oxycodone w/ acetaminophen</i>)	NF	QL(6 ea daily)
PRIMLEV TABS 10 MG-300 MG, 5 MG-300 MG	F	QL(6 ea daily)
PROLATE TABS 10 MG-300 MG, 5 MG-300 MG	F	QL(6 ea daily)
<i>tramadol-acetaminophen</i>	F	QL(3 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
ULTRACET (<i>Use tramadol-acetaminophen</i>)	NF	QL(3 ea daily)
Opioid Partial Agonists		
<i>buprenorphine hcl subl 8 MG</i>	F	PA Req'd unless member is pregnant or nursing.; Prescriber must note ICD-10 diagnosis code on prescription.; O09.91; O09.92; O09.93- Supervision of high risk pregnancy, postpartum nursing mothers.; First digit Letter, 2nd digit zero; QL(3 ea daily)
<i>buprenorphine hcl subl 2 MG</i>	F	PA Req'd unless member is pregnant or nursing.; Prescriber must note ICD-10 diagnosis code on prescription.; O09.91; O09.92; O09.93- Supervision of high risk pregnancy, postpartum nursing mothers.; First digit Letter, 2nd digit zero; QL(12 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>buprenorphine hcl-naloxone hcl dihydrate subl 2 MG-0.5 MG</i>	F	Tablet Formulation.; QL(12 ea daily)
BUTRANS PTWK (<i>Use buprenorphine</i>)	F	PA
SUBLOCADE SOSY	F	SP;PA
SUBOXONE FILM SL 8 MG-2 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	F	QL(3 ea daily); AL(At least 6 yrs old)
SUBOXONE FILM SL 12 MG-3 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	F	QL(2 ea daily); AL(At least 6 yrs old)
SUBOXONE FILM SL 2 MG-0.5 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	F	QL(12 ea daily); AL(At least 6 yrs old)
SUBOXONE FILM SL 4 MG-1 MG (<i>Use buprenorphine hcl-naloxone hcl dihydrate</i>)	F	QL(6 ea daily); AL(At least 6 yrs old)
ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
Androgens		
ANDRODERM PT24 2 MG/24HR, 4 MG/24HR	F	PA
ANDROGEL GEL TD 20.25 MG/1.25GM, 25 MG/2.5GM, 40.5 MG/2.5GM (<i>Use testosterone</i>)	F	PA
ANDROGEL GEL TD 50 MG/5GM (<i>Use testosterone</i>)	F	PA

Drug Name	Drug Tier	Requirement s/Limits
ANDROGEL PUMP GEL TD 1.62 % (Use testosterone)	F	PA
danazol caps	F	
DEPO-TESTOSTERONE SOLN IM (Use testosterone cypionate)	NF	PA
testosterone cypionate soln im	F	PA
testosterone enanthate soln im	F	PA
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
CORTENEMA (Use hydrocortisone (intrarectal))	NF	
CORTIFOAM EX 10 %	F	
hydrocortisone (intrarectal)	F	
Rectal Combinations		
ANALPRAM HC CREA EX (Use hydrocortisone acetate w/ pramoxine)	NF	
ANALPRAM HC SINGLES CREA EX (Use hydrocortisone acetate w/ pramoxine)	NF	
ANALPRAM-HC CREA EX 1 %-1 % (Use hydrocortisone acetate w/ pramoxine)	NF	
hydrocortisone acetate w/ pramoxine crea ex	F	

Drug Name	Drug Tier	Requirement s/Limits
Rectal Steroids		
ANUSOL-HC EX (Use hydrocortisone (rectal))	F	
hydrocortisone (rectal) ex 2.5 %	F	
PROCTOCORT EX (Use hydrocortisone (rectal))	F	
ANTACIDS		
Antacid Combinations		
alum & mag hydrox-simethicone liqd 400 MG/5ML-400 MG/5ML-40 MG/5ML	F	
alum & mag hydrox-simethicone susp 400 MG/5ML-400 MG/5ML-40 MG/5ML	F	
HYVEE ADVANCED ANTACID MAXIMUM STRENGTH SUSP (Use alum & mag hydrox-simethicone)	NF	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE SUSP 320 MG/5ML	F	
Antacids - Calcium Salts		
ANTACID CHEW	F	
ANTACID SOFT CHEWS CHEW	F	
CALCIUM CARBONATE TABS 648 MG	F	
calcium carbonate (antacid) chew	F	
CVS ANTACID SOFT CHEWS ULTRA STRENGTH CHEW	F	
MAALOX CHEW	F	

Drug Name	Drug Tier	Requirement s/Limits
TUMS CHEW (Use calcium carbonate (antacid))	NF	
TUMS CHEWY BITES CHEW (Use calcium carbonate (antacid))	NF	
TUMS CHEWY DELIGHTS CHEW	F	
TUMS E-X 750 CHEW (Use calcium carbonate (antacid))	NF	
TUMS EXTRA STRENGTH 750 CHEW (Use calcium carbonate (antacid))	NF	
TUMS LASTING EFFECTS CHEW (Use calcium carbonate (antacid))	NF	
TUMS SMOOTHIES CHEW (Use calcium carbonate (antacid))	NF	
TUMS ULTRA 1000 CHEW (Use calcium carbonate (antacid))	NF	
Antacids - Magnesium Salts		
magnesium oxide tabs 400 MG	F	
ANTHELMINTICS - Drugs to Treat Worm Infections		
Anthelmintics		
albendazole	F	PA
ALBENZA (Use albendazole)	NF	PA
BILTRICIDE (Use praziquantel)	NF	
ivermectin	F	PA
praziquantel	F	
pyrantel pamoate susp 144 MG/ML	F	

Drug Name	Drug Tier	Requirement s/Limits
STROMEKTOL (Use ivermectin)	NF	PA
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain		
Antianginals-Other		
RANEXA TB12 (Use ranolazine)	NF	PA
ranolazine tb12	F	PA
Nitrates		
DILATRATE SR CPR	F	
ISORDIL TITRADOSE TABS (Use isosorbide dinitrate)	NF	
isosorbide dinitrate tabs	F	
isosorbide mononitrate tb24	F	
isosorbide mononitrate tabs	F	
NITRO-BID OINT	F	
NITRO-DUR PT24	F	
NITRO-DUR PT24 (Use nitroglycerin)	NF	
nitroglycerin pt24	F	
nitroglycerin cpr	F	
nitroglycerin subl	F	
NITROSTAT SUBL (Use nitroglycerin)	NF	
ANTIANSIETY AGENTS - Drugs to Treat Anxiety		
Antianxiety Agents - Misc.		
bupirone hcl 30 MG	F	QL(2 ea daily);AL(At least 6 yrs old)
bupirone hcl 5 MG, 7.5 MG, 10 MG, 15 MG	F	QL(4 ea daily);AL(At least 6 yrs old)
hydroxyzine hcl syrpr	F	QL(10 ml daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>hydroxyzine hcl tabs</i>	F	QL(8 ea daily)
<i>hydroxyzine pamoate caps 100 MG</i>	F	QL(4 ea daily)
VISTARIL CAPS (Use <i>hydroxyzine pamoate</i>)	NF	QL(4 ea daily)
Benzodiazepines		
<i>alprazolam tabs 2 MG</i>	F	Limit 1 anxiolytic per 30 days;QL(2 ea daily);AL(At least 6 yrs old)
<i>alprazolam tbdp .25 MG, .5 MG, 1 MG</i>	F	Limit 1 anxiolytic per 30 days;QL(4 ea daily);AL(At least 6 yrs old)
<i>alprazolam tabs .25 MG, .5 MG, 1 MG</i>	F	Limit 1 anxiolytic per 30 days;QL(4 ea daily);AL(At least 6 yrs old)
<i>alprazolam tb24</i>	F	Limit 1 anxiolytic per 30 days;QL(1 ea daily);AL(At least 6 yrs old)
<i>alprazolam tbdp 2 MG</i>	F	Limit 1 anxiolytic per 30 days;QL(2 ea daily);AL(At least 6 yrs old)
ALPRAZOLAM INTENSOL CONC	F	Limit 1 anxiolytic per 30 days;QL(60 ml per 15 days retail);AL(At least 6 yrs old)
ATIVAN TABS .5 MG, 1 MG (Use <i>lorazepam</i>)	NF	QL(4 ea daily);AL(At least 6 yrs old)
ATIVAN TABS 2 MG (Use <i>lorazepam</i>)	NF	Limit 1 anxiolytic per 30 days;QL(2 ea daily);AL(At least 6 yrs old)
<i>chlordiazepoxide hcl caps</i>	F	QL(2 ea daily);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>clorazepate dipotassium tabs 15 MG</i>	F	QL(2 ea daily);AL(At least 6 yrs old)
<i>clorazepate dipotassium tabs 3.75 MG, 7.5 MG</i>	F	QL(4 ea daily);AL(At least 6 yrs old)
<i>diazepam soln or 5 MG/5ML</i>	F	QL(10 ml daily);AL(Up to 6 yrs old)
<i>diazepam conc</i>	F	QL(2 ml daily,60 ml per 30 days retail);AL(Up to 6 yrs old)
<i>diazepam tabs</i>	F	QL(4 ea daily);AL(At least 6 yrs old)
<i>lorazepam tabs 2 MG</i>	F	Limit 1 anxiolytic per 30 days;QL(2 ea daily);AL(At least 6 yrs old)
<i>lorazepam conc</i>	F	QL(2 ml daily);AL(At least 6 yrs old)
<i>lorazepam tabs .5 MG, 1 MG</i>	F	QL(4 ea daily);AL(At least 6 yrs old)
<i>oxazepam caps</i>	F	QL(2 ea daily,60 ea per 30 days retail);AL(At least 6 yrs old)
TRANXENE T TABS 7.5 MG (Use <i>clorazepate dipotassium</i>)	NF	QL(4 ea daily);AL(At least 6 yrs old)
VALIUM TABS (Use <i>diazepam</i>)	NF	QL(4 ea daily);AL(At least 6 yrs old)
XANAX TABS .25 MG, .5 MG, 1 MG (Use <i>alprazolam</i>)	NF	Limit 1 anxiolytic per 30 days;QL(4 ea daily);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirements/Limits
XANAX TABS 2 MG (Use alprazolam)	NF	Limit 1 anxiolytic per 30 days;QL(2 ea daily);AL(At least 6 yrs old)
XANAX XR TB24 (Use alprazolam)	NF	Limit 1 anxiolytic per 30 days;QL(1 ea daily);AL(At least 6 yrs old)

ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms

Antiarrhythmics Type I-A

<i>disopyramide phosphate caps</i>	F	
NORPACE CAPS (Use <i>disopyramide phosphate</i>)	NF	
NORPACE CR CP12	F	
<i>quinidine gluconate tbc</i>	F	
<i>quinidine sulfate tabs</i>	F	

Antiarrhythmics Type I-B

<i>mexiletine hcl</i>	F	
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Antiarrhythmics Type I-C

<i>flecainide acetate</i>	F	
<i>propafenone hcl tabs</i>	F	
<i>propafenone hcl cp12</i>	F	
RYTHMOL SR CP12 (Use <i>propafenone hcl</i>)	NF	

Antiarrhythmics Type III

<i>amiodarone hcl tabs 100 MG, 200 MG</i>	F	
<i>dofetilide</i>	F	PA
MULTAQ	F	PA
TIKOSYN (Use <i>dofetilide</i>)	NF	PA

ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions

Antiasthmatic - Monoclonal Antibodies

Drug Name	Drug Tier	Requirements/Limits
FASENRA SOSY	F	SP;PA
FASENRA PEN SOAJ	F	SP;PA
XOLAIR SOSY	F	SP;PA
XOLAIR SOLR	F	SP;PA

Anti-Inflammatory Agents

<i>cromolyn sodium nebu</i>	F	
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Bronchodilators - Anticholinergics

ATROVENT HFA	F	
<i>ipratropium bromide soln .02 %</i>	F	
SPIRIVA HANDIHALER CAPS	F	QL(1 ea daily)
TUDORZA PRESSAIR	F	

Leukotriene Modulators

<i>montelukast sodium chew</i>	F	QL(1 ea daily)
<i>montelukast sodium pack</i>	F	age 4 and up requires PA;QL(1 ea daily);AL(Up to 3 yrs old)
<i>montelukast sodium tabs</i>	F	QL(1 ea daily)
SINGULAIR TABS (Use <i>montelukast sodium</i>)	NF	QL(1 ea daily)
SINGULAIR CHEW (Use <i>montelukast sodium</i>)	NF	QL(1 ea daily)
SINGULAIR PACK (Use <i>montelukast sodium</i>)	NF	age 4 and up requires PA;QL(1 ea daily);AL(Up to 3 yrs old)

Steroid Inhalants

ASMANEX TWISTHALER 120 METERED DOSES AEPB	F	
ASMANEX TWISTHALER 14 METERED DOSES AEPB	F	

Drug Name	Drug Tier	Requirements/Limits
ASMANEX TWISTHALER 30 METERED DOSES AEPB	F	
ASMANEX TWISTHALER 30 METERED DOSES AEPB	F	
ASMANEX TWISTHALER 60 METERED DOSES AEPB	F	
ASMANEX TWISTHALER 7 METERED DOSES AEPB	F	
<i>budesonide (inhalation) susp</i>	F	
FLOVENT DISKUS AEPB	F	
FLOVENT HFA	F	
PULMICORT SUSP (Use <i>budesonide (inhalation)</i>)	NF	
PULMICORT FLEXHALER AEPB	F	
Sympathomimetics		
ADVAIR DISKUS AEPB (Use <i>fluticasone-salmeterol</i>)	F	Must try beclomethasone, budesonide, fluticasone, or mometasone inhaler first;ST
ADVAIR HFA AERO	F	Must try beclomethasone, budesonide, fluticasone, or mometasone inhaler first;ST
<i>albuterol sulfate syr</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>albuterol sulfate nebu .083 %, .5 %, .63 MG/3ML, 1.25 MG/3ML, 2.5 MG/0.5ML</i>	F	
ANORO ELLIPTA	F	QL(2 ea daily)
COMBIVENT RESPIMAT AERS	F	1 rtl pack lmt amt,30 rtl pack lmt day(s)
DULERA	F	Must try beclomethasone, budesonide, fluticasone, or mometasone inhaler first;ST
<i>ipratropium-albuterol soln</i>	F	
PROAIR HFA AERS (Use <i>albuterol sulfate</i>)	F	QL(17 gm per 30 days retail)
SEREVENT DISKUS	F	PA
STIOLTO RESPIMAT	F	QL(1 gm daily);PA
SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	F	Must try beclomethasone, budesonide, fluticasone, or mometasone inhaler first;ST
Xanthines		
<i>theophylline tb12 300 MG, 450 MG</i>	F	
<i>theophylline soln</i>	F	
<i>theophylline tb24</i>	F	
ANTICOAGULANTS - Blood Thinners		
Coumarin Anticoagulants		
<i>warfarin sodium tabs</i>	F	
Direct Factor Xa Inhibitors		
ELIQUIS TABS	F	QL(2 ea daily)
ELIQUIS STARTER PACK TBPK	F	QL(74 ea per 365 days retail)

Drug Name	Drug Tier	Requirements/Limits
XARELTO TABS	F	QL(2 ea daily)
XARELTO STARTER PACK TBPK	F	51 per month;;QL(1.7 ea daily)
Heparins And Heparinoid-Like Agents		
<i>enoxaparin sodium soty 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML, 100 MG/ML, 150 MG/ML</i>	F	QL(60 ml per 30 days retail);SP
<i>enoxaparin sodium soty 120 MG/0.8ML</i>	F	QL(48 ml per 30 days retail);SP
<i>enoxaparin sodium soln ij 300 MG/3ML</i>	F	QL(180 ml per 30 days retail);SP
<i>heparin (porcine) in sodium chloride soln iv 1000 UNIT/500ML-0.9 %, 2000 UNIT/L-0.9 %</i>	F	
<i>heparin sod (porcine) in d5w</i>	F	
<i>heparin sodium (porcine) soln ij 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	F	
<i>heparin sodium (porcine) lock flush 1 UNIT/ML</i>	F	
HEPARIN SODIUM/D5W 100 UNIT/ML-5 %, 40 UNIT/ML-5 %, 5 %-25000 UNIT/500ML	F	
HEPARIN SODIUM/DEXTROSE 25000 UNIT/250ML-5 %, 5 %-25000 UNIT/500ML	F	

Drug Name	Drug Tier	Requirements/Limits
HEPARIN SODIUM/NAACL 0.45% SOLN IV 12500 UNIT/250ML-0.45 %	F	
HEPARIN SODIUM/SODIUM CHLORIDE 0.9% SOLN IJ (<i>Use heparin (porcine) in sodium chloride</i>)	NF	
LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NF	QL(180 ml per 30 days retail);SP
LOVENOX SOSY 120 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NF	QL(48 ml per 30 days retail);SP
LOVENOX SOSY 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML, 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NF	QL(60 ml per 30 days retail);SP
Thrombin Inhibitors		
PRADAXA 75 MG, 150 MG	F	QL(2 ea daily)
ANTICONVULSANTS - Drugs to Treat Seizures		
Anticonvulsants - Benzodiazepines		
<i>clobazam susp</i>	F	PA
<i>clobazam tabs</i>	F	PA
<i>clonazepam tabs 2 MG</i>	F	QL(2 ea daily);AL(At least 6 yrs old)
<i>clonazepam tabs .5 MG, 1 MG</i>	F	QL(4 ea daily);AL(At least 6 yrs old)
<i>clonazepam tbdp 2 MG</i>	F	QL(2 ea daily)
<i>clonazepam tbdp .125 MG, .25 MG, .5 MG, 1 MG</i>	F	QL(4 ea daily)

Drug Name	Drug Tier	Requirements/Limits
DIASTAT ACUDIAL GEL (Use diazepam (anticonvulsant))	F	QL(2 ea per 30 days retail)
DIASTAT PEDIATRIC GEL (Use diazepam (anticonvulsant))	F	QL(2 ea per 30 days retail)
diazepam (anticonvulsant) gel 2.5 MG, 20 MG	F	QL(2 ea per 30 days retail)
diazepam (anticonvulsant) gel	F	QL(2 ea per 30 days retail)
KLONOPIN TABS .5 MG, 1 MG (Use clonazepam)	NF	QL(4 ea daily);AL(At least 6 yrs old)
KLONOPIN TABS 2 MG (Use clonazepam)	NF	QL(2 ea daily);AL(At least 6 yrs old)
ONFI TABS (Use clobazam)	NF	PA
ONFI SUSP (Use clobazam)	NF	PA
Anticonvulsants - Misc.		
BANZEL TABS (Use rufinamide)	NF	SP;PA
BANZEL SUSP (Use rufinamide)	NF	SP;PA
carbamazepine cp12	F	
carbamazepine susp	F	
carbamazepine chew	F	
carbamazepine tb12	F	
carbamazepine tabs	F	
CARBATROL CP12 (Use carbamazepine)	NF	
gabapentin caps	F	
gabapentin tabs 600 MG, 800 MG	F	
gabapentin soln	F	
KEPPRA TABS (Use levetiracetam)	NF	

Drug Name	Drug Tier	Requirements/Limits
KEPPRA SOLN OR 100 MG/ML (Use levetiracetam)	NF	
KEPPRA XR TB24 (Use levetiracetam)	NF	
lacosamide tabs	F	PA
lacosamide soln or 10 MG/ML	F	PA
LAMICTAL TABS (Use lamotrigine)	NF	
LAMICTAL CHEWABLE DISPERSIBLE CHEW (Use lamotrigine)	NF	
LAMICTAL ODT TBDP (Use lamotrigine)	NF	
LAMICTAL XR TB24 25 MG, 50 MG, 100 MG (Use lamotrigine)	NF	QL(3 ea daily)
LAMICTAL XR TB24 200 MG, 250 MG, 300 MG (Use lamotrigine)	NF	QL(2 ea daily)
lamotrigine tb24 25 MG, 50 MG, 100 MG	F	QL(3 ea daily)
lamotrigine chew	F	
lamotrigine tabs	F	
lamotrigine tbdp	F	
lamotrigine tb24 200 MG, 250 MG, 300 MG	F	QL(2 ea daily)
levetiracetam tb24	F	
levetiracetam tabs	F	
levetiracetam soln or 100 MG/ML, 500 MG/5ML	F	
LYRICA CAPS (Use pregabalin)	NF	PA
LYRICA SOLN (Use pregabalin)	NF	PA
MYSOLINE (Use primidone)	NF	

Drug Name	Drug Tier	Requirement s/Limits
NEURONTIN CAPS (Use gabapentin)	NF	
NEURONTIN TABS (Use gabapentin)	NF	
NEURONTIN SOLN (Use gabapentin)	NF	
oxcarbazepine tabs	F	
oxcarbazepine susp	F	
pregabalin soln	F	PA
pregabalin caps	F	PA
primidone	F	
rufinamide tabs	F	SP;PA
rufinamide susp	F	SP;PA
TEGRETOL SUSP (Use carbamazepine)	NF	
TEGRETOL TABS (Use carbamazepine)	NF	
TEGRETOL-XR TB12 (Use carbamazepine)	NF	
TOPAMAX TABS (Use topiramate)	NF	
TOPAMAX SPRINKLE CPSP (Use topiramate)	NF	
topiramate tabs	F	
topiramate cpsp	F	
TRILEPTAL TABS (Use oxcarbazepine)	NF	
TRILEPTAL SUSP (Use oxcarbazepine)	NF	
VIMPAT TABS (Use lacosamide)	NF	PA
VIMPAT SOLN OR 10 MG/ML (Use lacosamide)	NF	PA
ZONEGRAN CAPS 25 MG, 100 MG (Use zonisamide)	NF	
zonisamide caps	F	

Drug Name	Drug Tier	Requirement s/Limits
Carbamates		
felbamate tabs 400 MG	F	QL(9 ea daily)
felbamate tabs 600 MG	F	QL(6 ea daily)
felbamate susp	F	
FELBATOL SUSP (Use felbamate)	NF	
FELBATOL TABS 400 MG (Use felbamate)	NF	QL(9 ea daily)
FELBATOL TABS 600 MG (Use felbamate)	NF	QL(6 ea daily)
GABA Modulators		
GABITRIL (Use tiagabine hcl)	NF	PA
tiagabine hcl	F	PA
Hydantoins		
DILANTIN (Use phenytoin sodium extended)	NF	
DILANTIN 30 MG	F	
DILANTIN INFATABS CHEW (Use phenytoin)	NF	
DILANTIN-125 SUSP (Use phenytoin)	NF	
PHENYTEK (Use phenytoin sodium extended)	NF	
phenytoin chew	F	
phenytoin susp	F	
phenytoin sodium extended 100 MG, 200 MG, 300 MG	F	
Succinimides		
ethosuximide soln	F	
ethosuximide caps	F	
ZARONTIN SOLN (Use ethosuximide)	NF	

Drug Name	Drug Tier	Requirement s/Limits
ZARONTIN CAPS (<i>Use ethosuximide</i>)	NF	
Valproic Acid		
DEPAKOTE TBEC 500 MG (<i>Use divalproex sodium</i>)	NF	QL(8 ea daily)
DEPAKOTE TBEC 125 MG, 250 MG (<i>Use divalproex sodium</i>)	NF	QL(16 ea daily)
DEPAKOTE ER TB24 (<i>Use divalproex sodium</i>)	NF	
DEPAKOTE SPRINKLES CSDR (<i>Use divalproex sodium</i>)	NF	
<i>divalproex sodium csdr</i>	F	
<i>divalproex sodium tb24</i>	F	
<i>divalproex sodium tbec 500 MG</i>	F	QL(8 ea daily)
<i>divalproex sodium tbec 125 MG, 250 MG</i>	F	QL(16 ea daily)
<i>valproate sodium soln or 250 MG/5ML</i>	F	
<i>valproic acid caps</i>	F	
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine tabs 7.5 MG</i>	F	QL(1 ea daily);MP
<i>mirtazapine tabs 15 MG, 30 MG, 45 MG</i>	F	QL(1 ea daily);AL(At least 6 yrs old);MP
<i>mirtazapine tbdp</i>	F	QL(1 ea daily);AL(At least 6 yrs old);MP
REMERON TABS 15 MG, 30 MG (<i>Use mirtazapine</i>)	NF	QL(1 ea daily);AL(At least 6 yrs old);MP

Drug Name	Drug Tier	Requirement s/Limits
REMERON SOLTAB TBDP (<i>Use mirtazapine</i>)	NF	QL(1 ea daily);AL(At least 6 yrs old);MP
Antidepressants - Misc.		
<i>bupropion hcl tb12</i>	F	QL(2 ea daily);AL(At least 6 yrs old);MP
<i>bupropion hcl tb24 150 MG, 300 MG</i>	F	QL(1 ea daily);AL(At least 6 yrs old);MP
<i>bupropion hcl tabs</i>	F	QL(4 ea daily);AL(At least 6 yrs old);MP
FORFIVO XL TB24 (<i>Use bupropion hcl</i>)	NF	MP
<i>maprotiline hcl</i>	F	AL(At least 6 yrs old);MP
WELLBUTRIN SR TB12 (<i>Use bupropion hcl</i>)	NF	QL(2 ea daily);AL(At least 6 yrs old);MP
WELLBUTRIN XL TB24 (<i>Use bupropion hcl</i>)	NF	QL(1 ea daily);AL(At least 6 yrs old);MP
Selective Serotonin Reuptake Inhibitors (SSRIs)		
CELEXA TABS 20 MG, 40 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(1 ea daily);AL(At least 6 yrs old);MP
CELEXA TABS 10 MG (<i>Use citalopram hydrobromide</i>)	NF	QL(3 ea daily);AL(At least 6 yrs old);MP
<i>citalopram hydrobromide tabs 20 MG, 40 MG</i>	F	QL(1 ea daily);AL(At least 6 yrs old);MP
<i>citalopram hydrobromide tabs 10 MG</i>	F	QL(3 ea daily);AL(At least 6 yrs old);MP
<i>citalopram hydrobromide soln</i>	F	QL(20 ml daily);AL(At least 6 yrs old- Up to 12 yrs old);MP

Drug Name	Drug Tier	Requirement s/Limits
<i>escitalopram oxalate tabs 5 MG</i>	F	QL(2 ea daily);AL(At least 6 yrs old);MP
<i>escitalopram oxalate tabs 20 MG</i>	F	QL(1 ea daily);AL(At least 6 yrs old);MP
<i>escitalopram oxalate tabs 10 MG</i>	F	45 per month;QL(1.5 ea daily);AL(At least 6 yrs old);MP
<i>fluoxetine hcl caps 20 MG</i>	F	QL(4 ea daily);AL(At least 6 yrs old);MP
<i>fluoxetine hcl caps 10 MG, 40 MG</i>	F	QL(2 ea daily);AL(At least 6 yrs old);MP
<i>fluoxetine hcl soln</i>	F	QL(20 ml daily);AL(At least 6 yrs old- Up to 12 yrs old);MP
<i>fluvoxamine maleate tabs 50 MG</i>	F	QL(6 ea daily);AL(At least 6 yrs old);MP
<i>fluvoxamine maleate tabs 25 MG</i>	F	QL(2 ea daily);AL(At least 6 yrs old);MP
<i>fluvoxamine maleate tabs 100 MG</i>	F	QL(3 ea daily);AL(At least 6 yrs old);MP
LEXAPRO TABS 5 MG <i>(Use escitalopram oxalate)</i>	NF	QL(2 ea daily);AL(At least 6 yrs old);MP
LEXAPRO TABS 20 MG <i>(Use escitalopram oxalate)</i>	NF	QL(1 ea daily);AL(At least 6 yrs old);MP
LEXAPRO TABS 10 MG <i>(Use escitalopram oxalate)</i>	NF	45 per month;QL(1.5 ea daily);AL(At least 6 yrs old);MP
<i>paroxetine hcl tabs 10 MG, 20 MG, 30 MG</i>	F	QL(1 ea daily);AL(At least 6 yrs old);MP

Drug Name	Drug Tier	Requirement s/Limits
<i>paroxetine hcl tabs 40 MG</i>	F	45 per month;QL(1.5 ea daily);AL(At least 6 yrs old);MP
PAXIL TABS 10 MG, 20 MG, 30 MG <i>(Use paroxetine hcl)</i>	NF	QL(1 ea daily);AL(At least 6 yrs old);MP
PAXIL TABS 40 MG <i>(Use paroxetine hcl)</i>	NF	45 per month;QL(1.5 ea daily);AL(At least 6 yrs old);MP
PROZAC CAPS 10 MG, 40 MG <i>(Use fluoxetine hcl)</i>	NF	QL(2 ea daily);AL(At least 6 yrs old);MP
PROZAC CAPS 20 MG <i>(Use fluoxetine hcl)</i>	NF	QL(4 ea daily);AL(At least 6 yrs old);MP
<i>sertraline hcl tabs 100 MG</i>	F	QL(2 ea daily);AL(At least 6 yrs old);MP
<i>sertraline hcl tabs 50 MG</i>	F	QL(4 ea daily);AL(At least 6 yrs old);MP
<i>sertraline hcl tabs 25 MG</i>	F	QL(3 ea daily);AL(At least 6 yrs old);MP
<i>sertraline hcl conc</i>	F	QL(10 ml daily);AL(At least 6 yrs old- Up to 12 yrs old);MP
ZOLOFT TABS 100 MG <i>(Use sertraline hcl)</i>	NF	QL(2 ea daily);AL(At least 6 yrs old);MP
ZOLOFT TABS 25 MG <i>(Use sertraline hcl)</i>	NF	QL(3 ea daily);AL(At least 6 yrs old);MP
ZOLOFT CONC <i>(Use sertraline hcl)</i>	NF	QL(10 ml daily);AL(At least 6 yrs old- Up to 12 yrs old);MP
ZOLOFT TABS 50 MG <i>(Use sertraline hcl)</i>	NF	QL(4 ea daily);AL(At least 6 yrs old);MP

Drug Name	Drug Tier	Requirement s/Limits
Serotonin Modulators		
<i>trazodone hcl tabs 50 MG</i>	F	QL(3 ea daily);AL(At least 6 yrs old)
<i>trazodone hcl tabs 300 MG</i>	F	QL(1 ea daily);AL(At least 6 yrs old)
<i>trazodone hcl tabs 100 MG</i>	F	QL(4 ea daily);AL(At least 6 yrs old)
<i>trazodone hcl tabs 150 MG</i>	F	QL(2 ea daily);AL(At least 6 yrs old)
Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
<i>CYMBALTA CPEP 60 MG (Use duloxetine hcl)</i>	NF	QL(2 ea daily);AL(At least 6 yrs old);MP
<i>CYMBALTA CPEP 20 MG, 30 MG (Use duloxetine hcl)</i>	NF	QL(4 ea daily);AL(At least 6 yrs old);MP
<i>duloxetine hcl cpep 20 MG, 30 MG</i>	F	QL(4 ea daily);AL(At least 6 yrs old);MP
<i>duloxetine hcl cpep 60 MG</i>	F	QL(2 ea daily);AL(At least 6 yrs old);MP
<i>EFFEXOR XR CP24 150 MG (Use venlafaxine hcl)</i>	NF	QL(1 ea daily);AL(At least 6 yrs old);MP
<i>EFFEXOR XR CP24 37.5 MG, 75 MG (Use venlafaxine hcl)</i>	NF	QL(3 ea daily);AL(At least 6 yrs old);MP
<i>venlafaxine hcl cp24 150 MG</i>	F	QL(1 ea daily);AL(At least 6 yrs old);MP
<i>venlafaxine hcl tabs 75 MG</i>	F	QL(5 ea daily);AL(At least 6 yrs old);MP
<i>venlafaxine hcl tabs 25 MG</i>	F	QL(4 ea daily);AL(At least 6 yrs old);MP

Drug Name	Drug Tier	Requirement s/Limits
<i>venlafaxine hcl tabs 37.5 MG, 50 MG, 100 MG</i>	F	QL(3 ea daily);AL(At least 6 yrs old);MP
<i>venlafaxine hcl cp24 37.5 MG, 75 MG</i>	F	QL(3 ea daily);AL(At least 6 yrs old);MP
Tricyclic Agents		
<i>amitriptyline hcl tabs</i>	F	AL(At least 6 yrs old);MP
<i>amoxapine</i>	F	AL(At least 6 yrs old);MP
<i>ANAFRANIL (Use clomipramine hcl)</i>	NF	AL(At least 6 yrs old);MP
<i>clomipramine hcl</i>	F	AL(At least 6 yrs old);MP
<i>desipramine hcl tabs</i>	F	AL(At least 6 yrs old);MP
<i>doxepin hcl conc</i>	F	QL(6 ml daily);AL(At least 6 yrs old);MP
<i>doxepin hcl caps</i>	F	QL(3 ea daily);AL(At least 6 yrs old);MP
<i>imipramine hcl tabs</i>	F	AL(At least 6 yrs old);MP
<i>imipramine pamoate</i>	F	AL(At least 6 yrs old);MP
<i>NORPRAMIN TABS 10 MG, 25 MG (Use desipramine hcl)</i>	NF	AL(At least 6 yrs old);MP
<i>nortriptyline hcl soln</i>	F	AL(At least 6 yrs old);MP
<i>nortriptyline hcl caps</i>	F	AL(At least 6 yrs old);MP
<i>PAMELOR CAPS (Use nortriptyline hcl)</i>	NF	AL(At least 6 yrs old);MP
<i>protriptyline hcl</i>	F	AL(At least 6 yrs old);MP
<i>trimipramine maleate caps</i>	F	AL(At least 6 yrs old);MP

ANTIDIABETICS - Drugs to Regulate Blood Sugar

Drug Name	Drug Tier	Requirements/Limits
Alpha-Glucosidase Inhibitors		
<i>acarbose</i>	F	MP
PRECOSE (<i>Use acarbose</i>)	NF	MP
Antidiabetic - Amylin Analogs		
SYMLINPEN 120 SOPN	F	MP;PA
SYMLINPEN 60 SOPN	F	MP;PA
Antidiabetic Combinations		
ACTOPLUS MET TABS (<i>Use pioglitazone hcl-metformin hcl</i>)	NF	MP
<i>glyburide-metformin</i>	F	MP
GLYXAMBI 25 MG-5 MG	F	MP;PA
INVOKAMET TABS	F	MP;PA
JANUMET TABS	F	MP;PA
JANUMET XR TB24	F	MP;PA
JENTADUETO TABS	F	MP;PA
JENTADUETO XR TB24	F	MP;PA
KAZANO (<i>Use alogliptin-metformin hcl</i>)	F	MP;PA
KOMBIGLYZE XR	F	ST;MP
OSENI 12.5 MG-30 MG, 12.5 MG-45 MG, 25 MG-15 MG, 25 MG-30 MG, 25 MG-45 MG (<i>Use alogliptin-pioglitazone</i>)	F	MP;PA
OSENI	F	MP;PA
<i>pioglitazone hcl-metformin hcl tabs</i>	F	MP
SYNJARDY TABS	F	MP;PA
TRIJARDY XR	F	MP;PA
XIGDUO XR	F	MP;PA
Biguanides		

Drug Name	Drug Tier	Requirements/Limits
<i>metformin hcl tabs</i>	F	MP
<i>metformin hcl tb24 500 MG, 750 MG</i>	F	MP
Diabetic Other		
CVS GLUCOSE CHEW	F	MP
CVS GLUCOSE BITS CHEW	F	MP
CVS SOFT GLUCOSE CHEW	F	MP
DEX4 FAST ACTING GLUCOSEGO-POUCH GEL	F	MP
DEX4 QUICK DISSOLVE GLUCOSE CHEW	F	MP
<i>dextrose (diabetic use) gel 40 %</i>	F	MP
GLUCAGEN HYPOKIT	F	QL(0.034 ea daily);MP
<i>glucagon (rdna)</i>	F	1 per month;QL(0.034 ea daily);MP
GLUCAGON EMERGENCY KIT (<i>Use glucagon (rdna)</i>)	F	1 per month;QL(0.034 ea daily);MP
GLUCOSE CHEW	F	MP
GLUCOSE GEL	F	MP
GNP GLUCOSE CHEW	F	MP
GNP QUICK DISSOLVE GLUCOSE CHEW	F	MP
GVOKE HYPOPEN 1-PACK SOAJ	F	QL(1 ml per 30 days retail);MP
GVOKE HYPOPEN 2-PACK SOAJ	F	QL(1 ml per 30 days retail);MP
INSTA-GLUCOSE GEL	F	MP
LEADER QUICK DISSOLVE GLUCOSE CHEW	F	MP
PROGLYCEM (<i>Use diazoxide</i>)	F	MP

Drug Name	Drug Tier	Requirements/Limits
SM GLUCOSE CHEW	F	MP
TRUEPLUS GLUCOSE CHEW	F	MP
TRUEPLUS GLUCOSE ON THE GO CHEW	F	MP
WALGREENS GLUCOSE CHEW	F	MP
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors		
JANUVIA	F	ST;MP
NESINA (<i>Use alogliptin benzoate</i>)	F	ST;MP
ONGLYZA	F	ST;MP
TRADJENTA	F	ST;MP
Incretin Mimetic Agents (GLP-1 Receptor Agonists)		
BYDUREON PEN PEN	F	PA
BYETTA SOPN	F	PA
TRULICITY	F	PA
VICTOZA	F	PA
Insulin		
HUMALOG SOCT	F	QL(1 ml daily)
HUMALOG MIX 50/50 SUSP	F	Limit 1.0 ml per day;QL(1 ml daily)
HUMALOG MIX 75/25 SUSP	F	Limit 1.0 ml per day;QL(1 ml daily)
HUMULIN 70/30 SUSP	F	Limit 1.0 ml per day;QL(1 ml daily)
HUMULIN 70/30 KWIKPEN SUPN	F	QL(1 ml daily)
HUMULIN R U-500 (CONCENTRATED) SOLN SC	F	PA
HUMULIN R U-500 KWIKPEN SOPN SC	F	PA

Drug Name	Drug Tier	Requirements/Limits
INSULIN ASPART SOLN IJ	F	Limit 1.0 ml per day;QL(1 ml daily)
INSULIN ASPART FLEXPEN SOPN	F	Limit 1.0 ml per day;QL(1 ml daily)
INSULIN ASPART PENFILL SOCT	F	Limit 1.0 ml per day;QL(1 ml daily)
INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN SUPN	F	Limit 1.0 ml per day;QL(1 ml daily)
INSULIN LISPRO SOLN IJ	F	Limit 1.0 ml per day;QL(1 ml daily)
INSULIN LISPRO JUNIOR KWIKPEN SOPN	F	Limit 1.0 ml per day;QL(1 ml daily)
INSULIN LISPRO KWIKPEN SOPN	F	Limit 1.0 ml per day;QL(1 ml daily)
INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN SUPN	F	Limit 1.0 ml per day;QL(1 ml daily)
LANTUS SOLN	F	Limit 1.0 ml per day;QL(1 ml daily)
LANTUS SOLOSTAR SOPN	F	Limit 1.0 ml per day;QL(1 ml daily)
LEVEMIR SOLN	F	Limit 1.0 ml per day;QL(1 ml daily)
LEVEMIR FLEXTOUCH SOPN	F	Limit 1.0 ml per day;QL(1 ml daily)
NOVOLIN 70/30 SUSP	F	Limit 1.0 ml per day;QL(1 ml daily)

Drug Name	Drug Tier	Requirement s/Limits
NOVOLIN N SUSP	F	Limit 1.0 ml per day;QL(1 ml daily)
NOVOLIN R SOLN IJ	F	Limit 1.0 ml per day;QL(1 ml daily)
Insulin Sensitizing Agents		
ACTOS (Use pioglitazone hcl)	NF	MP
pioglitazone hcl	F	MP
Meglitinide Analogues		
nateglinide	F	MP
repaglinide	F	MP
STARLIX (Use nateglinide)	NF	MP
Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
FARXIGA	F	ST;MP
INVOKANA	F	ST;MP
JARDIANCE	F	ST;MP
Sulfonylureas		
AMARYL (Use glimepiride)	NF	MP
glimepiride	F	MP
glipizide tb24	F	MP
glipizide tabs	F	MP
GLUCOTROL TABS (Use glipizide)	NF	MP
GLUCOTROL XL TB24 (Use glipizide)	NF	MP
glyburide tabs	F	MP
glyburide micronized 1.5 MG, 3 MG, 6 MG	F	MP
GLYNASE (Use glyburide micronized)	NF	MP
tolbutamide	F	MP
ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs		

Drug Name	Drug Tier	Requirement s/Limits
to Treat Diarrhea		
Antidiarrheal/Probiotic Agents - Misc.		
bismuth subsalicylate chew 262 MG	F	
bismuth subsalicylate tabs	F	
bismuth subsalicylate susp 262 MG/15ML, 525 MG/15ML	F	
EQ PROBIOTIC CPDR	F	
FLORASAVE CPDR	F	
FORTIFY 30 BILLION PROBIOTIC 50+ CPDR	F	
FORTIFY DAILY PROBIOTIC EXTRA STRENGTH CPDR	F	
FORTIFY OPTIMA PROBIOTIC CPDR	F	
FORTIFY PROBIOTIC WOMENS CPDR	F	
FORTIFY PROBIOTIC WOMENSEXTRA STRENGTH CPDR	F	
MVW COMPLETE PROBIOTIC FORMULATION CPDR	F	
NEXABIOTIC CPDR	F	
PEPTO BISMOL TABS (Use bismuth subsalicylate)	NF	
PEPTO-BISMOL SUSP (Use bismuth subsalicylate)	NF	
PEPTO-BISMOL CHEW (Use bismuth subsalicylate)	NF	
PEPTO-BISMOL MAX STRENGTH SUSP (Use bismuth subsalicylate)	NF	

Drug Name	Drug Tier	Requirement s/Limits
PEPTO-BISMOL TO-GO CHEW (Use bismuth subsalicylate)	NF	
PRIMADOPHILUS BIFIDUS CPDR	F	
Antiperistaltic Agents		
ANTI-DIARRHEAL LIQD	F	
diphenoxylate w/ atropine liqd	F	
diphenoxylate w/ atropine tabs	F	
IMODIUM A-D CAPS (Use loperamide hcl)	NF	RX/OTC
IMODIUM A-D LIQD (Use loperamide hcl)	NF	
IMODIUM A-D TABS (Use loperamide hcl)	NF	
LOMOTIL TABS (Use diphenoxylate w/ atropine)	NF	
loperamide hcl tabs	F	
loperamide hcl susp	F	
loperamide hcl liqd	F	
loperamide hcl caps	F	RX/OTC
ANTIDOTES AND SPECIFIC ANTAGONISTS		
Opioid Antagonists		
KLOXXADO LIQD	F	
naloxone hcl soct	F	
naloxone hcl soln .4 MG/ML, 4 MG/10ML	F	
naloxone hcl sosy	F	
naltrexone hcl	F	
NARCAN LIQD (Use naloxone hcl)	F	
VIVITROL	F	SP
ANTIEMETICS - Drugs to Treat Nausea and Vomiting		

Drug Name	Drug Tier	Requirement s/Limits
5-HT3 Receptor Antagonists		
ANZEMET TABS	F	PA
granisetron hcl tabs	F	PA
ondansetron tbdp	F	QL(2 ea daily)
ondansetron hcl tabs 4 MG, 8 MG	F	QL(3 ea daily)
ondansetron hcl soln or 4 MG/5ML	F	
ZOFRAN TABS (Use ondansetron hcl)	NF	QL(3 ea daily)
Antiemetics - Anticholinergic		
ANTIVERT CHEW (Use meclizine hcl)	NF	RX/OTC
dimenhydrinate tabs	F	
DRAMAMINE CHEW	F	
DRAMAMINE TABS (Use dimenhydrinate)	NF	
meclizine hcl chew	F	RX/OTC
meclizine hcl tabs 12.5 MG, 25 MG	F	RX/OTC
TIGAN CAPS (Use trimethobenzamide hcl)	NF	
trimethobenzamide hcl caps	F	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
aprepitant misc	F	QL(6 ea per 21 days retail)
aprepitant caps	F	QL(6 ea per 21 days retail)
EMEND CAPS 40 MG, 80 MG (Use aprepitant)	NF	QL(6 ea per 21 days retail)
EMEND TRIPACK CAPS (Use aprepitant)	NF	QL(6 ea per 21 days retail)
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungals		

Drug Name	Drug Tier	Requirement s/Limits
<i>griseofulvin microsize susp</i>	F	
<i>griseofulvin microsize tabs</i>	F	
<i>nystatin tabs</i>	F	
<i>terbinafine hcl tabs</i>	F	QL(90 ea per 365 days retail)
Imidazole-Related Antifungals		
DIFLUCAN TABS (<i>Use fluconazole</i>)	NF	QL(2 ea daily)
DIFLUCAN SUSR (<i>Use fluconazole</i>)	NF	QL(20 ml daily)
<i>fluconazole tabs</i>	F	QL(2 ea daily)
<i>fluconazole susr</i>	F	QL(20 ml daily)
ANTI-HISTAMINES - Drugs to Treat Allergies		
Antihistamines - Alkylamines		
<i>chlorpheniramine maleate tabs</i>	F	
<i>chlorpheniramine maleate syrp</i>	F	
CHLOR-TRIMETON TABS (<i>Use chlorpheniramine maleate</i>)	NF	
CHLOR-TRIMETON SYRP (<i>Use chlorpheniramine maleate</i>)	NF	
Antihistamines - Ethanolamines		
BENADRYL ALLERGY TABS (<i>Use diphenhydramine hcl</i>)	NF	
BENADRYL ALLERGY CAPS (<i>Use diphenhydramine hcl</i>)	NF	
BENADRYL ALLERGY CHILDRENS LIQD (<i>Use diphenhydramine hcl</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
BENADRYL ALLERGY CHILDRENS CHEW (<i>Use diphenhydramine hcl</i>)	NF	
BENADRYL ALLERGY EXTRA STRENGTH TABS	F	
BENADRYL ALLERGY ULTRATABS TABS (<i>Use diphenhydramine hcl</i>)	NF	
<i>clemastine fumarate tabs 2.68 MG</i>	F	
<i>diphenhydramine hcl elix 12.5 MG/5ML</i>	F	
<i>diphenhydramine hcl chew 12.5 MG</i>	F	
<i>diphenhydramine hcl liqd 12.5 MG/5ML</i>	F	
<i>diphenhydramine hcl caps</i>	F	
<i>diphenhydramine hcl tabs 25 MG</i>	F	
VANAMINE PD LIQD (<i>Use diphenhydramine hcl</i>)	NF	
Antihistamines - Non-Sedating		
ALLEGRA ALLERGY TABS (<i>Use fexofenadine hcl</i>)	NF	QL(1 ea daily)
ALLEGRA ALLERGY CHILDRENS SUSP (<i>Use fexofenadine hcl</i>)	NF	QL(5 ml daily)
ALLEGRA ALLERGY CHILDRENS TBDP	F	QL(1 ea daily)
<i>cetirizine hcl syrp or 5 MG/5ML</i>	F	QL(5 ml daily);RX/OTC
<i>cetirizine hcl caps</i>	F	QL(1 ea daily)
<i>cetirizine hcl tabs</i>	F	QL(1 ea daily)
<i>cetirizine hcl soln or</i>	F	QL(5 ml daily);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
<i>cetirizine hcl chew 10 MG</i>	F	QL(1 ea daily)
CLARITIN CAPS (Use <i>loratadine</i>)	NF	QL(1 ea daily)
CLARITIN CHEW (Use <i>loratadine</i>)	NF	QL(1 ea daily)
CLARITIN TABS (Use <i>loratadine</i>)	NF	QL(1 ea daily)
CLARITIN SYRP (Use <i>loratadine</i>)	NF	QL(5 ml daily)
CLARITIN ALLERGY CHILDRENS SYRP (Use <i>loratadine</i>)	NF	QL(5 ml daily)
CLARITIN CHILDRENS CHEW (Use <i>loratadine</i>)	NF	QL(1 ea daily)
CLARITIN REDITABS TBDP	F	QL(1 ea daily)
CLARITIN REDITABS TBDP (Use <i>loratadine</i>)	NF	QL(1 ea daily)
<i>fexofenadine hcl tabs</i>	F	QL(1 ea daily)
<i>fexofenadine hcl susp</i>	F	QL(5 ml daily)
<i>loratadine chew</i>	F	QL(1 ea daily)
<i>loratadine tbdp</i>	F	QL(1 ea daily)
<i>loratadine caps</i>	F	QL(1 ea daily)
<i>loratadine soln</i>	F	QL(5 ml daily)
<i>loratadine tabs</i>	F	QL(1 ea daily)
<i>loratadine syrp</i>	F	QL(5 ml daily)
ZYRTEC ALLERGY TBDP	F	QL(1 ea daily)
ZYRTEC ALLERGY TABS (Use <i>cetirizine hcl</i>)	NF	QL(1 ea daily)
ZYRTEC ALLERGY CAPS (Use <i>cetirizine hcl</i>)	NF	QL(1 ea daily)
ZYRTEC ALLERGY CHILDRENS TBDP	F	QL(1 ea daily)
ZYRTEC CHILDRENS ALLERGY SOLN OR (Use <i>cetirizine hcl</i>)	NF	QL(5 ml daily);RX/OTC
Antihistamines - Phenothiazines		

Drug Name	Drug Tier	Requirement s/Limits
<i>promethazine hcl supp 50 MG</i>	F	
<i>promethazine hcl soln 6.25 MG/5ML</i>	F	
<i>promethazine hcl syrp</i>	F	
<i>promethazine hcl tabs</i>	F	
Antihistamines - Piperidines		
<i>cyproheptadine hcl tabs</i>	F	
<i>cyproheptadine hcl syrp</i>	F	
ANTHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
Bile Acid Sequestrants		
<i>cholestyramine powd</i>	F	MP
<i>cholestyramine pack</i>	F	MP
<i>cholestyramine light powd</i>	F	MP
<i>cholestyramine light pack</i>	F	MP
COLESTID TABS (Use <i>colestipol hcl</i>)	NF	MP
<i>colestipol hcl tabs</i>	F	MP
QUESTRAN POWD (Use <i>cholestyramine</i>)	NF	MP
QUESTRAN PACK (Use <i>cholestyramine</i>)	NF	MP
QUESTRAN LIGHT POWD (Use <i>cholestyramine light</i>)	NF	MP
Fibric Acid Derivatives		
ANTARA 30 MG, 90 MG (Use <i>fenofibrate micronized</i>)	NF	MP
<i>fenofibrate tabs 48 MG, 54 MG, 145 MG, 160 MG</i>	F	MP

Drug Name	Drug Tier	Requirements/Limits
<i>fenofibrate micronized 67 MG, 134 MG, 200 MG</i>	F	MP
FENOGLIDE TABS (Use <i>fenofibrate</i>)	NF	MP
<i>gemfibrozil tabs</i>	F	MP
LOPID TABS (Use <i>gemfibrozil</i>)	NF	MP
TRICOR TABS (Use <i>fenofibrate</i>)	NF	MP
HMG CoA Reductase Inhibitors		
<i>atorvastatin calcium</i>	F	QL(1 ea daily);MP
CRESTOR TABS (Use <i>rosuvastatin calcium</i>)	NF	MP
LIPITOR (Use <i>atorvastatin calcium</i>)	NF	QL(1 ea daily);MP
<i>lovastatin tabs</i>	F	MP
PRAVACHOL 20 MG, 40 MG (Use <i>pravastatin sodium</i>)	NF	MP
<i>pravastatin sodium</i>	F	MP
<i>rosuvastatin calcium tabs</i>	F	MP
<i>simvastatin tabs</i>	F	MP
ZOCOR TABS 10 MG, 20 MG, 40 MG, 80 MG (Use <i>simvastatin</i>)	NF	MP
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	F	MP
ZETIA (Use <i>ezetimibe</i>)	NF	MP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL (Use <i>quinapril hcl</i>)	NF	MP
ALTACE CAPS 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use <i>ramipril</i>)	NF	MP

Drug Name	Drug Tier	Requirements/Limits
<i>benazepril hcl</i>	F	MP
<i>captopril</i>	F	MP
<i>enalapril maleate tabs</i>	F	MP
<i>enalapril maleate soln</i>	F	MP
EPANED SOLN (Use <i>enalapril maleate</i>)	NF	MP
<i>fosinopril sodium</i>	F	MP
<i>lisinopril tabs 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	F	MP
LOTENSIN 10 MG, 20 MG, 40 MG (Use <i>benazepril hcl</i>)	NF	MP
<i>moexipril hcl</i>	F	MP
<i>perindopril erbumine</i>	F	MP
PRINIVIL TABS 10 MG, 20 MG (Use <i>lisinopril</i>)	NF	MP
<i>quinapril hcl</i>	F	MP
<i>ramipril caps</i>	F	MP
<i>trandolapril</i>	F	MP
VASOTEC TABS (Use <i>enalapril maleate</i>)	NF	MP
ZESTRIL TABS (Use <i>lisinopril</i>)	NF	MP
Angiotensin II Receptor Antagonists		
AVAPRO (Use <i>irbesartan</i>)	NF	MP
COZAAR (Use <i>losartan potassium</i>)	NF	MP
DIOVAN TABS (Use <i>valsartan</i>)	NF	MP
<i>irbesartan</i>	F	MP
<i>losartan potassium</i>	F	MP
<i>valsartan tabs</i>	F	MP
Antiadrenergic Antihypertensives		
CARDURA (Use <i>doxazosin mesylate</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
CATAPRES TABS (Use clonidine hcl)	NF	
CATAPRES-TTS-1 (Use clonidine)	NF	QL(0.15 ea daily);AL(At least 6 yrs old)
CATAPRES-TTS-2 (Use clonidine)	NF	QL(0.15 ea daily);AL(At least 6 yrs old)
CATAPRES-TTS-3 (Use clonidine)	NF	QL(0.15 ea daily);AL(At least 6 yrs old)
clonidine	F	QL(0.15 ea daily);AL(At least 6 yrs old)
clonidine hcl tabs	F	
doxazosin mesylate	F	
guanfacine hcl	F	
methyldopa tabs	F	
MINIPRESS CAPS (Use prazosin hcl)	NF	
prazosin hcl caps	F	
terazosin hcl	F	
Antihypertensive Combinations		
ACCURETIC (Use quinapril-hydrochlorothiazide)	NF	MP
amlodipine besylate-benazepril hcl	F	MP
atenolol & chlorthalidone	F	MP
AVALIDE (Use irbesartan-hydrochlorothiazide)	NF	MP
benazepril & hydrochlorothiazide	F	MP
bisoprolol & hydrochlorothiazide	F	MP
captopril & hydrochlorothiazide	F	MP

Drug Name	Drug Tier	Requirement s/Limits
DIOVAN HCT (Use valsartan-hydrochlorothiazide)	NF	MP
enalapril maleate & hydrochlorothiazide	F	MP
fosinopril sodium & hydrochlorothiazide	F	MP
HYZAAR (Use losartan potassium & hydrochlorothiazide)	NF	MP
irbesartan-hydrochlorothiazide	F	MP
lisinopril & hydrochlorothiazide	F	MP
LOPRESSOR HCT TABS 50 MG-25 MG (Use metoprolol & hydrochlorothiazide)	NF	MP
losartan potassium & hydrochlorothiazide	F	MP
LOTENSIN HCT 10 MG-12.5 MG, 20 MG-12.5 MG, 20 MG-25 MG (Use benazepril & hydrochlorothiazide)	NF	MP
LOTREL 10 MG-20 MG, 10 MG-40 MG, 5 MG-10 MG, 5 MG-20 MG (Use amlodipine besylate-benazepril hcl)	NF	MP
metoprolol & hydrochlorothiazide tabs	F	MP
propranolol & hydrochlorothiazide	F	MP
quinapril-hydrochlorothiazide	F	MP
TENORETIC 100 (Use atenolol & chlorthalidone)	NF	MP

Drug Name	Drug Tier	Requirement s/Limits
TENORETIC 50 (<i>Use atenolol & chlorthalidone</i>)	NF	MP
<i>valsartan-hydrochlorothiazide</i>	F	MP
VASERETIC 10 MG-25 MG (<i>Use enalapril maleate & hydrochlorothiazide</i>)	NF	MP
ZESTORETIC (<i>Use lisinopril & hydrochlorothiazide</i>)	NF	MP
ZIAC (<i>Use bisoprolol & hydrochlorothiazide</i>)	NF	MP
Selective Aldosterone Receptor Antagonists (SARAs)		
<i>epplerenone</i>	F	PA
INSPIRA (<i>Use eplerenone</i>)	NF	PA
Vasodilators		
<i>hydralazine hcl tabs</i>	F	
<i>minoxidil 2.5 MG, 10 MG</i>	F	
ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
Anti-infective Agents - Misc.		
FLAGYL CAPS (<i>Use metronidazole</i>)	NF	
FLAGYL TABS 500 MG (<i>Use metronidazole</i>)	NF	
<i>metronidazole caps</i>	F	
<i>metronidazole tabs</i>	F	
<i>trimethoprim tabs</i>	F	
TRIMETHOPRIM TABS	F	
Anti-infective Misc. - Combinations		
BACTRIM TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
BACTRIM DS TABS (<i>Use sulfamethoxazole-trimethoprim</i>)	NF	
<i>sulfamethoxazole-trimethoprim susp</i>	F	
<i>sulfamethoxazole-trimethoprim tabs</i>	F	
Glycopeptides		
VANCOGIN CAPS (<i>Use vancomycin hcl</i>)	NF	PA
VANCOMYCIN SOLN IV	F	PA
<i>vancomycin hcl caps</i>	F	PA
<i>vancomycin hcl solr iv 1.25 GM, 1.5 GM</i>	F	PA
<i>vancomycin hcl solr iv 1 GM, 5 GM, 10 GM, 500 MG, 750 MG, 1000 MG</i>	F	
VANCOMYCIN HCL + SYRSPENDSF PH4 SUSP	F	PA
VANCOMYCIN HYDROCHLORIDE SOLR IV 750 MG	F	
VANCOMYCIN HYDROCHLORIDE SOLN IV	F	PA
VANCOMYCIN HYDROCHLORIDE SOLR IV 1.25 GM, 1.5 GM	F	PA
Leprostatics		
<i>dapsone</i>	F	
Lincosamides		
CLEOCIN (<i>Use clindamycin hcl</i>)	NF	
CLEOCIN PEDIATRIC GRANULES (<i>Use clindamycin palmitate hydrochloride</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin hcl</i>	F	
<i>clindamycin palmitate hydrochloride</i>	F	
Oxazolidinones		
<i>linezolid tabs</i>	F	PA
<i>linezolid susr</i>	F	PA
ZYVOX SUSR (<i>Use linezolid</i>)	NF	PA
ZYVOX TABS (<i>Use linezolid</i>)	NF	PA
Urinary Anti-infectives		
MACROBID (<i>Use nitrofurantoin monohyd macro</i>)	NF	
MACRODANTIN (<i>Use nitrofurantoin macrocrystal</i>)	NF	
<i>nitrofurantoin</i>	F	
<i>nitrofurantoin macrocrystal</i>	F	
<i>nitrofurantoin monohyd macro</i>	F	
ANTIMALARIALS - Drugs to Treat Malaria (Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl</i>	F	
COARTEM	F	
MALARONE (<i>Use atovaquone-proguanil hcl</i>)	NF	
Antimalarials		
<i>chloroquine phosphate tabs 250 MG</i>	F	
<i>hydroxychloroquine sulfate</i>	F	

Drug Name	Drug Tier	Requirements/Limits
PLAQUENIL (<i>Use hydroxychloroquine sulfate</i>)	NF	
<i>primaquine phosphate tabs</i>	F	
PRIMAQUINE PHOSPHATE TABS (<i>Use primaquine phosphate</i>)	NF	
QUALAQUIN CAPS (<i>Use quinine sulfate</i>)	NF	
<i>quinine sulfate caps 324 MG</i>	F	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
MESTINON SOLN OR (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TABS (<i>Use pyridostigmine bromide</i>)	NF	
MESTINON TIMESPAN TBCR (<i>Use pyridostigmine bromide</i>)	NF	
<i>pyridostigmine bromide soln or</i>	F	
<i>pyridostigmine bromide tabs 60 MG</i>	F	
<i>pyridostigmine bromide tbc</i>	F	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
<i>ethambutol hcl tabs</i>	F	
<i>isoniazid syr</i>	F	
<i>isoniazid tabs 300 MG</i>	F	
MYAMBUTOL TABS 400 MG (<i>Use ethambutol hcl</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
<i>pyrazinamide</i>	F	
RIFADIN CAPS (<i>Use rifampin</i>)	NF	
<i>rifampin caps</i>	F	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Antimetabolites		
<i>mercaptopurine tabs</i>	F	
<i>methotrexate sodium tabs 2.5 MG</i>	F	
<i>pemetrexed disodium solr 750 MG, 1000 MG</i>	F	SP;PA
Antineoplastic - Antibodies		
TIVDAK	F	SP;PA
Antineoplastic - Cellular Immunotherapy		
TECARTUS	F	SP;PA
Antineoplastic - EGFR Inhibitors		
EXKIVITY	F	SP;PA
Antineoplastic - Hormonal and Related Agents		
<i>anastrozole</i>	F	PA
ARIMIDEX (<i>Use anastrozole</i>)	NF	PA
ELIGARD KIT SC	F	SP;PA
EULEXIN	F	
FARESTON (<i>Use toremifene citrate</i>)	NF	PA
FEMARA (<i>Use letrozole</i>)	NF	
<i>flutamide</i>	F	
<i>letrozole</i>	F	
<i>leuprolide acetate kit ij 1 MG/0.2ML</i>	F	SP;PA
LUPRON DEPOT (1-MONTH) KIT IM	F	SP;PA
LUPRON DEPOT (3-MONTH) IM	F	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
LUPRON DEPOT (4-MONTH) IM	F	SP;PA
LUPRON DEPOT (6-MONTH) IM	F	SP;PA
<i>megestrol acetate susp</i>	F	
<i>megestrol acetate tabs</i>	F	
<i>tamoxifen citrate tabs</i>	F	
<i>toremifene citrate</i>	F	PA
Antineoplastic Enzyme Inhibitors		
AFINITOR TABS (<i>Use everolimus</i>)	NF	SP;PA
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NF	SP;PA
ALECENSA	F	SP;PA
BELEODAQ	F	SP;PA
BOSULIF	F	SP;PA
CAPRELSA	F	SP;PA
COTELLIC	F	SP;PA
<i>everolimus tbso</i>	F	SP;PA
<i>everolimus tabs</i>	F	SP;PA
GLEEVEC (<i>Use imatinib mesylate</i>)	F	SP;PA
ICLUSIG	F	SP;PA
IMBRUVICA CAPS	F	SP;PA
JAKAFI	F	SP;PA
<i>lapatinib ditosylate</i>	F	SP;PA
LORBRENA	F	SP;PA
NEXAVAR (<i>Use sorafenib tosylate</i>)	NF	SP;PA
NINLARO	F	SP;PA
<i>sorafenib tosylate</i>	F	SP;PA
SPRYCEL	F	SP;PA
<i>sunitinib malate</i>	F	SP;PA

Drug Name	Drug Tier	Requirements/Limits
SUTENT (Use sunitinib malate)	NF	SP;PA
TYKERB (Use lapatinib ditosylate)	NF	SP;PA
VOTRIENT	F	SP;PA
XALKORI	F	SP;PA
XOSPATA	F	SP;PA
ZOLINZA	F	SP;PA
Antineoplastic Enzymes		
RYLAZE	F	SP;PA
Antineoplastics Misc.		
ACTIMMUNE	F	SP;MP;PA
ALFERON N	F	SP;PA
bexarotene	F	SP;PA
HYDREA (Use hydroxyurea)	NF	
hydroxyurea	F	
INTRON A SOLR	F	SP;MP;PA
INTRON A SOLN	F	SP;MP;PA
MATULANE	F	SP
TARGRETIN (Use bexarotene)	NF	SP;PA
tretinoin (chemotherapy)	F	SP
Chemotherapy Rescue/Antidote/Protective Agents		
leucovorin calcium tabs	F	PA
Mitotic Inhibitors		
etoposide caps	F	SP;PA
Topoisomerase I Inhibitors		
TRODELVY	F	SP;PA
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease		
Antiparkinson Anticholinergics		

Drug Name	Drug Tier	Requirements/Limits
benztropine mesylate tabs	F	
trihexyphenidyl hcl soln	F	
trihexyphenidyl hcl tabs	F	
Antiparkinson COMT Inhibitors		
COMTAN (Use entacapone)	NF	
entacapone	F	
Antiparkinson Dopaminergics		
amantadine hcl caps	F	
amantadine hcl soln	F	
bromocriptine mesylate tabs 2.5 MG	F	
bromocriptine mesylate caps	F	
carbidopa-levodopa tabs	F	
carbidopa-levodopa tbc	F	
MIRAPEX TABS .125 MG, .5 MG, .75 MG, 1 MG (Use pramipexole dihydrochloride)	NF	
PARLODEL TABS (Use bromocriptine mesylate)	NF	
PARLODEL CAPS (Use bromocriptine mesylate)	NF	
pramipexole dihydrochloride tabs	F	
ropinirole hydrochloride tabs	F	
SINEMET TABS (Use carbidopa-levodopa)	NF	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders		
Antimanic Agents		

Drug Name	Drug Tier	Requirement s/Limits
<i>lithium carbonate tbc</i>	F	AL(At least 6 yrs old)
<i>lithium carbonate tabs</i>	F	AL(At least 6 yrs old)
<i>lithium carbonate caps</i>	F	AL(At least 6 yrs old)
LITHOBID TBCR (Use <i>lithium carbonate</i>)	NF	AL(At least 6 yrs old)
Antipsychotics - Misc.		
GEODON 80 MG (Use <i>ziprasidone hcl</i>)	NF	QL(2 ea daily);AL(At least 6 yrs old)
GEODON 20 MG, 40 MG, 60 MG (Use <i>ziprasidone hcl</i>)	NF	QL(3 ea daily);AL(At least 6 yrs old)
LATUDA	F	QL(1 ea daily);AL(At least 6 yrs old)
<i>ziprasidone hcl 80 MG</i>	F	QL(2 ea daily);AL(At least 6 yrs old)
<i>ziprasidone hcl 20 MG, 40 MG, 60 MG</i>	F	QL(3 ea daily);AL(At least 6 yrs old)
Benzisoxazoles		
INVEGA SUSTENNA	F	1 rtl pack lmt amt,28 rtl pack lmt day(s);AL(At least 18 yrs old);SP
INVEGA TRINZA	F	Try Invega Sustenna first; Limit 1 per 3 months;1 rtl pack lmt amt,90 rtl pack lmt day(s);AL(At least 18 yrs old);SP;ST
PERSERIS PRSY	F	Limit 1 per 28 days;QL(0.036 ea daily);AL(At least 18 yrs old);SP

Drug Name	Drug Tier	Requirement s/Limits
RISPERDAL TABS 3 MG, 4 MG (Use <i>risperidone</i>)	NF	QL(2 ea daily);AL(At least 6 yrs old)
RISPERDAL TABS .5 MG (Use <i>risperidone</i>)	NF	QL(4 ea daily);AL(At least 6 yrs old)
RISPERDAL TABS 1 MG, 2 MG (Use <i>risperidone</i>)	NF	QL(3 ea daily);AL(At least 6 yrs old)
RISPERDAL SOLN (Use <i>risperidone</i>)	NF	QL(8 ml daily,240 ml per 30 days retail);AL(At least 6 yrs old)
RISPERDAL CONSTA	F	Limit 2 per 4 weeks;;2 rtl MAX fill,28 rtl day(s) supply;AL(At least 18 yrs old);SP
<i>risperidone tabs 3 MG, 4 MG</i>	F	QL(2 ea daily);AL(At least 6 yrs old)
<i>risperidone tbdp .5 MG, 1 MG, 2 MG, 3 MG, 4 MG</i>	F	QL(2 ea daily);AL(At least 6 yrs old)
<i>risperidone tabs .25 MG, .5 MG</i>	F	QL(4 ea daily);AL(At least 6 yrs old)
<i>risperidone tabs 1 MG, 2 MG</i>	F	QL(3 ea daily);AL(At least 6 yrs old)
<i>risperidone soln</i>	F	QL(8 ml daily,240 ml per 30 days retail);AL(At least 6 yrs old)
Butyrophenones		
HALDOL SOLN (Use <i>haloperidol lactate</i>)	NF	SP;ST
HALDOL DECANOATE 100 (Use <i>haloperidol decanoate</i>)	NF	SP;ST

Drug Name	Drug Tier	Requirement s/Limits
HALDOL DECANOATE 50 (Use haloperidol decanoate)	NF	SP;ST
haloperidol tabs	F	AL(At least 6 yrs old)
haloperidol decanoate	F	SP;ST
haloperidol lactate soln	F	SP;ST
haloperidol lactate conc	F	AL(At least 6 yrs old)
Dibenzapines		
clozapine tabs	F	QL(5 ea daily);AL(At least 18 yrs old)
clozapine tbdp 12.5 MG, 150 MG, 200 MG	F	QL(5 ea daily);AL(At least 18 yrs old)
CLOZAPINE ODT TBDP (Use clozapine)	F	QL(5 ea daily);AL(At least 18 yrs old)
CLOZARIL TABS (Use clozapine)	NF	QL(5 ea daily);AL(At least 18 yrs old)
loxapine succinate	F	AL(At least 6 yrs old)
olanzapine tbdp 5 MG, 10 MG	F	QL(2 ea daily);AL(At least 6 yrs old)
olanzapine tabs 5 MG, 10 MG	F	QL(2 ea daily);AL(At least 6 yrs old)
olanzapine tabs 2.5 MG, 7.5 MG, 15 MG, 20 MG	F	QL(1 ea daily);AL(At least 6 yrs old)
olanzapine tbdp 15 MG, 20 MG	F	QL(1 ea daily);AL(At least 6 yrs old)
quetiapine fumarate tabs 25 MG, 50 MG, 100 MG, 200 MG	F	QL(4 ea daily);AL(At least 6 yrs old)
quetiapine fumarate tabs 150 MG	F	

Drug Name	Drug Tier	Requirement s/Limits
quetiapine fumarate tabs 300 MG, 400 MG	F	QL(2 ea daily);AL(At least 6 yrs old)
SEROQUEL TABS 25 MG, 50 MG, 100 MG, 200 MG (Use quetiapine fumarate)	NF	QL(4 ea daily);AL(At least 6 yrs old)
SEROQUEL TABS 300 MG, 400 MG (Use quetiapine fumarate)	NF	QL(2 ea daily);AL(At least 6 yrs old)
ZYPREXA TABS 5 MG, 10 MG (Use olanzapine)	NF	QL(2 ea daily);AL(At least 6 yrs old)
ZYPREXA TABS 2.5 MG, 7.5 MG, 15 MG, 20 MG (Use olanzapine)	NF	QL(1 ea daily);AL(At least 6 yrs old)
ZYPREXA ZYDIS TBDP 15 MG, 20 MG (Use olanzapine)	NF	QL(1 ea daily);AL(At least 6 yrs old)
ZYPREXA ZYDIS TBDP 5 MG, 10 MG (Use olanzapine)	NF	QL(2 ea daily);AL(At least 6 yrs old)
Phenothiazines		
chlorpromazine hcl tabs	F	AL(At least 6 yrs old)
fluphenazine decanoate	F	AL(At least 18 yrs old);SP;ST
fluphenazine hcl conc	F	AL(At least 6 yrs old)
fluphenazine hcl elix	F	AL(At least 6 yrs old)
fluphenazine hcl tabs	F	AL(At least 6 yrs old)
perphenazine tabs	F	AL(At least 6 yrs old)
prochlorperazine	F	AL(At least 6 yrs old)
prochlorperazine maleate tabs	F	AL(At least 6 yrs old)
thioridazine hcl	F	AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
<i>trifluoperazine hcl tabs</i>	F	AL(At least 6 yrs old)
Quinolinone Derivatives		
ABILIFY TABS (<i>Use aripiprazole</i>)	NF	QL(1 ea daily);AL(At least 6 yrs old)
ABILIFY MAINTENA PRSY	F	1 rtl pack lmt amt,28 rtl pack lmt day(s);AL(At least 18 yrs old);SP
ABILIFY MAINTENA SRER	F	1 rtl pack lmt amt,28 rtl pack lmt day(s);AL(At least 18 yrs old);SP
<i>aripiprazole tabs</i>	F	QL(1 ea daily);AL(At least 6 yrs old)
ARISTADA 1064 MG/3.9ML	F	Limit 1 per 8 weeks;1 rtl pack lmt amt,56 rtl pack lmt day(s);AL(At least 18 yrs old);SP
ARISTADA 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML	F	1 rtl pack lmt amt,28 rtl pack lmt day(s);AL(At least 18 yrs old);SP
ARISTADA INITIO	F	Limit 2 doses per 365 Days;2 rtl MAX fill,365 rtl day(s) supply;AL(At least 18 yrs old);SP
Thioxanthenes		
<i>thiothixene</i>	F	AL(At least 6 yrs old)
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		

Drug Name	Drug Tier	Requirement s/Limits
<i>hydrogen peroxide soln ex 3 %</i>	F	
HYDROGEN PEROXIDE SOLN EX 3 %	F	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate tabs</i>	F	
<i>abacavir sulfate soln</i>	F	
<i>abacavir sulfate-lamivudine</i>	F	
<i>abacavir sulfate-lamivudine-zidovudine</i>	F	
APTIVUS SOLN	F	
APTIVUS CAPS	F	
<i>atazanavir sulfate caps</i>	F	
ATRIPLA (<i>Use efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	F	
BIKTARVY 15 MG-120 MG-30 MG	F	
BIKTARVY 25 MG-200 MG-50 MG	F	QL(1 ea daily)
COMBIVIR (<i>Use lamivudine-zidovudine</i>)	NF	
COMPLERA	F	
CRIXIVAN 200 MG, 400 MG	F	
DELSTRIGO	F	
DESCOVY	F	QL(1 ea daily)
<i>didanosine cpdr 250 MG, 400 MG</i>	F	Generic preferred
<i>didanosine cpdr 200 MG</i>	F	Generic preferred
DOVATO	F	

Drug Name	Drug Tier	Requirements/Limits
<i>efavirenz caps</i>	F	
<i>efavirenz tabs</i>	F	
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>	F	
<i>emtricitabine caps</i>	F	
EMTRIVA SOLN	F	
EMTRIVA CAPS (Use <i>emtricitabine</i>)	NF	
EPIVIR TABS (Use <i>lamivudine</i>)	NF	
EPIVIR SOLN (Use <i>lamivudine</i>)	NF	
EPZICOM (Use <i>abacavir sulfate-lamivudine</i>)	NF	
<i>etravirine</i>	F	
EVOTAZ	F	
<i>fosamprenavir calcium tabs</i>	F	
FUZEON SOLR	F	1 rtl pack lmt amt,30 rtl pack lmt day(s);SP;PA
GENVOYA	F	
INTELENCE (Use <i>etravirine</i>)	NF	
INVIRASE TABS	F	
ISENTRESS CHEW	F	
ISENTRESS TABS	F	
ISENTRESS PACK	F	
ISENTRESS HD TABS	F	
JULUCA	F	
KALETRA SOLN (Use <i>lopinavir-ritonavir</i>)	NF	
KALETRA TABS (Use <i>lopinavir-ritonavir</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
<i>lamivudine soln</i>	F	
<i>lamivudine tabs</i>	F	
<i>lamivudine-zidovudine</i>	F	
LEXIVA SUSP	F	
LEXIVA TABS (Use <i>fosamprenavir calcium</i>)	NF	
<i>lopinavir-ritonavir soln</i>	F	
<i>lopinavir-ritonavir tabs</i>	F	
<i>nevirapine tb24 400 MG</i>	F	
<i>nevirapine susp</i>	F	
<i>nevirapine tabs</i>	F	
NORVIR SOLN	F	
NORVIR TABS (Use <i>ritonavir</i>)	NF	
NORVIR PACK	F	
ODEFSEY	F	
PIFELTRO	F	
PREZCOBIX	F	
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	F	
PREZISTA SUSP	F	
RETROVIR CAPS (Use <i>zidovudine</i>)	NF	
RETROVIR SYRP (Use <i>zidovudine</i>)	NF	
REYATAZ PACK	F	
REYATAZ CAPS (Use <i>atazanavir sulfate</i>)	NF	
<i>ritonavir tabs</i>	F	
SELZENTRY TABS 25 MG, 75 MG	F	PA
SELZENTRY TABS (Use <i>maraviroc</i>)	F	PA

Drug Name	Drug Tier	Requirement s/Limits
<i>stavudine caps 15 MG, 20 MG, 40 MG</i>	F	
STRIBILD	F	
SUSTIVA CAPS (<i>Use efavirenz</i>)	NF	
SUSTIVA TABS (<i>Use efavirenz</i>)	NF	
SYMTUZA	F	
<i>tenofovir disoproxil fumarate tabs</i>	F	
TIVICAY TABS	F	
TIVICAY PD TBSO	F	
TRIUMEQ TABS	F	
TRUVADA (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	F	Brand Preferred
TYBOST	F	QL(1 ea daily)
VIRACEPT TABS	F	
VIRAMUNE SUSP (<i>Use nevirapine</i>)	NF	
VIRAMUNE TABS (<i>Use nevirapine</i>)	NF	
VIRAMUNE XR TB24 400 MG (<i>Use nevirapine</i>)	NF	
VIREAD TABS (<i>Use tenofovir disoproxil fumarate</i>)	NF	
VIREAD POWD	F	
ZIAGEN SOLN (<i>Use abacavir sulfate</i>)	NF	
ZIAGEN TABS (<i>Use abacavir sulfate</i>)	NF	
<i>zidovudine syrp</i>	F	
<i>zidovudine tabs</i>	F	
<i>zidovudine caps</i>	F	
Antiviral Combinations		

Drug Name	Drug Tier	Requirement s/Limits
PAXLOVID 150 MG-100 MG	F	QL(60 ea per 365 days retail);AL(At least 12 yrs old)
CMV Agents		
<i>cidofovir</i>	F	PA
CYTOVENE SOLR (<i>Use ganciclovir sodium</i>)	NF	PA
<i>foscarnet sodium 6000 MG/250ML</i>	F	PA
FOSCAVIR 6000 MG/250ML (<i>Use foscarnet sodium</i>)	NF	PA
<i>ganciclovir sodium solr</i>	F	PA
VALCYTE TABS (<i>Use valganciclovir hcl</i>)	NF	PA
VALCYTE SOLR (<i>Use valganciclovir hcl</i>)	NF	PA
<i>valganciclovir hcl tabs</i>	F	PA
<i>valganciclovir hcl solr</i>	F	PA
Hepatitis Agents		
<i>adefovir dipivoxil</i>	F	PA
BARACLUDE SOLN	F	PA
BARACLUDE TABS (<i>Use entecavir</i>)	NF	PA
<i>entecavir tabs</i>	F	PA
EPIVIR HBV SOLN	F	
EPIVIR HBV TABS (<i>Use lamivudine (hbv)</i>)	NF	
HEPSERA (<i>Use adefovir dipivoxil</i>)	NF	PA
<i>lamivudine (hbv) tabs</i>	F	
MAVYRET TABS	F	QL(168 ea per 999 days retail);SP
PEGASYS SOSY	F	SP
PEGASYS SOLN	F	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
PEGINTRON 50 MCG/0.5ML	F	SP;PA
<i>ribavirin (hepatitis c) caps</i>	F	SP;PA
<i>ribavirin (hepatitis c) tabs 200 MG</i>	F	SP;PA
SOFOSBUVIR/VELPAT ASVIR TABS	F	QL(84 ea per 999 days retail);SP
VEMLIDY	F	SP;PA
Herpes Agents		
<i>acyclovir tabs or</i>	F	
<i>acyclovir caps</i>	F	
<i>acyclovir susp</i>	F	
<i>famciclovir</i>	F	PA
<i>valacyclovir hcl</i>	F	
VALTREX (Use <i>valacyclovir hcl</i>)	NF	
ZOVIRAX SUSP (Use <i>acyclovir</i>)	NF	
Influenza Agents		
<i>oseltamivir phosphate susr</i>	F	QL(25 ml daily)
<i>oseltamivir phosphate caps</i>	F	QL(20 ea per 270 days retail)
RELENZA DISKHALER	F	
<i>rimantadine hydrochloride tabs</i>	F	
TAMIFLU SUSR (Use <i>oseltamivir phosphate</i>)	NF	QL(25 ml daily)
TAMIFLU CAPS (Use <i>oseltamivir phosphate</i>)	NF	QL(20 ea per 270 days retail)
Misc. Antivirals		
LAGEVRIO	F	QL(80 ea per 365 days retail);AL(At least 18 yrs old)

BETA BLOCKERS - Drugs to Treat High Blood Pressure

Drug Name	Drug Tier	Requirement s/Limits
Alpha-Beta Blockers		
<i>carvedilol</i>	F	MP
COREG (Use <i>carvedilol</i>)	NF	MP
<i>labetalol hcl tabs</i>	F	MP
Beta Blockers Cardio-Selective		
<i>atenolol tabs</i>	F	MP
<i>bisoprolol fumarate</i>	F	MP
LOPRESSOR TABS (Use <i>metoprolol tartrate</i>)	NF	MP
<i>metoprolol succinate tb24</i>	F	MP
<i>metoprolol tartrate tabs</i>	F	MP
TENORMIN TABS (Use <i>atenolol</i>)	NF	MP
TOPROL XL TB24 (Use <i>metoprolol succinate</i>)	NF	MP
Beta Blockers Non-Selective		
BETAPACE TABS 80 MG, 120 MG, 160 MG (Use <i>sotalol hcl</i>)	NF	MP
BETAPACE AF (Use <i>sotalol hcl (afib/afll)</i>)	NF	MP
CORGARD TABS 20 MG, 40 MG, 80 MG (Use <i>nadolol</i>)	NF	PA req age 19 and up or use alternative;AL(Up to 18 yrs old);MP
INDERAL LA CP24 (Use <i>propranolol hcl</i>)	NF	MP
<i>nadolol tabs 20 MG, 40 MG, 80 MG</i>	F	PA req age 19 and up or use alternative;AL(Up to 18 yrs old);MP
<i>propranolol hcl cp24</i>	F	MP
<i>propranolol hcl tabs</i>	F	MP
<i>propranolol hcl soln or 20 MG/5ML</i>	F	MP
<i>sotalol hcl tabs</i>	F	MP

Drug Name	Drug Tier	Requirement s/Limits
<i>sotalol hcl (afib/af)</i>	F	MP
CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Calcium Channel Blockers		
<i>amlodipine besylate tabs</i>	F	QL(1 ea daily);MP
<i>CALAN SR TBCR (Use verapamil hcl)</i>	NF	MP
<i>CARDIZEM TABS 30 MG, 60 MG, 120 MG (Use diltiazem hcl)</i>	NF	MP
<i>CARDIZEM CD CP24 (Use diltiazem hcl coated beads)</i>	NF	QL(1 ea daily);MP
<i>diltiazem hcl cp12 120 MG</i>	F	MP
<i>diltiazem hcl cp12 60 MG, 90 MG</i>	F	QL(2 ea daily);MP
<i>diltiazem hcl tabs</i>	F	MP
<i>diltiazem hcl cp24 180 MG, 240 MG</i>	F	QL(1 ea daily);MP
<i>diltiazem hcl cp24 120 MG</i>	F	QL(2 ea daily);MP
<i>diltiazem hcl coated beads cp24</i>	F	QL(1 ea daily);MP
<i>diltiazem hcl extended release beads</i>	F	QL(1 ea daily);MP
<i>felodipine</i>	F	MP
<i>nifedipine caps</i>	F	MP
<i>nifedipine tb24</i>	F	QL(2 ea daily);MP
<i>NORVASC TABS (Use amlodipine besylate)</i>	NF	QL(1 ea daily);MP
<i>PROCARDIA CAPS (Use nifedipine)</i>	NF	MP
<i>PROCARDIA XL TB24 (Use nifedipine)</i>	NF	QL(2 ea daily);MP
<i>TIAZAC (Use diltiazem hcl extended release beads)</i>	NF	QL(1 ea daily);MP

Drug Name	Drug Tier	Requirement s/Limits
<i>verapamil hcl tabs</i>	F	MP
<i>verapamil hcl tbc</i>	F	MP
<i>verapamil hcl cp24 120 MG, 180 MG, 240 MG</i>	F	QL(1 ea daily);MP
<i>VERELAN CP24 360 MG (Use verapamil hcl)</i>	NF	MP
<i>VERELAN CP24 120 MG, 180 MG, 240 MG (Use verapamil hcl)</i>	NF	QL(1 ea daily);MP
<i>VERELAN PM CP24 (Use verapamil hcl)</i>	NF	MP
CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
Cardiac Glycosides		
<i>digoxin soln or .05 MG/ML</i>	F	
<i>digoxin tabs .0625 MG, .125 MG, .25 MG, 62.5 MCG, 125 MCG, 250 MCG</i>	F	
<i>LANOXIN TABS 62.5 MCG, 125 MCG, 250 MCG (Use digoxin)</i>	NF	
CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
Cardiovascular Agents Misc. - Combinations		
<i>ENTRESTO</i>	F	PA
Pulmonary Hypertension - Endothelin Receptor Antagonists		
<i>LETAIRIS (Use ambrisentan)</i>	F	SP;PA
<i>TRACLEER TABS (Use bosentan)</i>	F	SP;PA
Pulmonary Hypertension - Phosphodiesterase Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
ADCIRCA TABS (Use <i>tadalafil (pulmonary hypertension)</i>)	F	SP;PA
REVATIO SUSR (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	F	AL(Up to 11 yrs old);SP
REVATIO TABS (Use <i>sildenafil citrate (pulmonary hypertension)</i>)	NF	SP;PA
<i>sildenafil citrate (pulmonary hypertension) susr</i>	F	SP
<i>sildenafil citrate (pulmonary hypertension) tabs</i>	F	SP;PA
CEPHALOSPORINS - Drugs to Treat Bacterial Infections		
Cephalosporins - 1st Generation		
<i>cefadroxil tabs</i>	F	
<i>cefadroxil susr</i>	F	
<i>cefadroxil caps</i>	F	
CEFAZOLIN SOLN	F	
<i>cefazolin sodium solr ij 10 GM, 500 MG</i>	F	
<i>cefazolin sodium solr ij 1 GM</i>	F	
CEFAZOLIN SODIUM SOSY 1 GM/10ML, 2 GM/20ML	F	
CEFAZOLIN SODIUM SOLN 1 GM/50ML-4 %	F	
CEFAZOLIN SODIUM/DEXTROSE SOLN 2 GM/100ML-5 %	F	
CEFAZOLIN SODIUM/DEXTROSE SOLR	F	

Drug Name	Drug Tier	Requirements/Limits
CEFAZOLIN SODIUM/SODIUM CHLORIDE SOLN 3 GM/100ML-0.9 %	F	
CEFAZOLIN/SODIUM CHLORIDE SOLN 2 GM/100ML-0.9 %	F	
<i>cephalexin susr</i>	F	
<i>cephalexin caps</i>	F	
<i>cephalexin tabs</i>	F	
KEFLEX CAPS (Use <i>cephalexin</i>)	NF	
Cephalosporins - 2nd Generation		
<i>cefaclor caps</i>	F	
<i>cefaclor susr 125 MG/5ML, 250 MG/5ML, 375 MG/5ML</i>	F	
CEFACTOR ER TB12	F	
<i>cefprozil susr</i>	F	
<i>cefprozil tabs</i>	F	
<i>cefuroxime axetil tabs</i>	F	
Cephalosporins - 3rd Generation		
<i>cefдинир caps</i>	F	
<i>cefдинир susr</i>	F	
<i>cefixime caps</i>	F	
<i>cefixime susr 100 MG/5ML</i>	F	50ml per month;QL(1.67 ml daily)
<i>cefixime susr 200 MG/5ML</i>	F	QL(10 ml daily)
<i>cefподoxime proxetil susr</i>	F	
<i>cefподoxime proxetil tabs</i>	F	
<i>ceftriaxone sodium ij 1 GM, 2 GM, 250 MG, 500 MG</i>	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>ceftriaxone sodium in dextrose 40 MG/ML</i>	F	
CEFTRIAZONE/DEXTR OSE	F	
SUPRAX SUSR 200 MG/5ML (<i>Use cefixime</i>)	NF	QL(10 ml daily)
SUPRAX SUSR 100 MG/5ML (<i>Use cefixime</i>)	NF	50ml per month;QL(1.67 ml daily)
SUPRAX SUSR 500 MG/5ML	F	
SUPRAX CAPS (<i>Use cefixime</i>)	NF	
SUPRAX CHEW	F	
Cephalosporins - 4th Generation		
CEFEPIME SOLN	F	
<i>cefepime hcl solr ij</i>	F	
CONTRACEPTIVES - Drugs to Prevent Pregnancy		
Combination Contraceptives - Oral		
<i>desogestrel & ethinyl estradiol</i>	F	
<i>desogestrel-ethinyl estradiol (biphasic)</i>	F	
<i>desogestrel-ethinyl estradiol (triphasic)</i>	F	
<i>drospirenone-ethinyl estradiol</i>	F	
ESTROSTEP FE (<i>Use norethindrone acetate-ethinyl estradiol-fe</i>)	NF	
<i>ethynodiol diacet & eth estrad 1 MG-35 MCG</i>	F	
GENERESS FE (<i>Use norethindrone & ethinyl estradiol-fe</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
<i>levonorgestrel & eth estradiol tabs 0.15 MG-0.03 MG</i>	F	
<i>levonorgestrel-eth estradiol (triphasic)</i>	F	
<i>levonorgestrel-ethinyl estradiol (91-day) 0.15 MG-0.03 MG</i>	Z	
<i>levonorgestrel-ethinyl estradiol (91-day)</i>	F	
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	F	
LOSEASONIQUE (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
MINASTRIN 24 FE CHEW (<i>Use norethin acet & estrad-fe</i>)	NF	
MIRCETTE (<i>Use desogestrel-ethinyl estradiol (biphasic)</i>)	NF	
<i>norethin acet & estrad-fe caps</i>	F	
<i>norethin acet & estrad-fe chew</i>	F	
<i>norethin acet & estrad-fe tabs 75 MG-1 MG-20 MCG, 75 MG-1.5 MG-30 MCG</i>	F	
<i>norethindrone & eth estradiol 0.4 MG-35 MCG</i>	F	
<i>norethindrone & ethinyl estradiol-fe 75 MG-25 MCG-0.8 MG</i>	F	
<i>norethindrone acet & eth estra 20 MCG-1 MG</i>	F	
<i>norethindrone acetate-ethinyl estradiol-fe</i>	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>norethindrone-eth estradiol (triphasic)</i>	F	
<i>norgestimate-ethinyl estradiol</i>	Z	
<i>norgestimate-ethinyl estradiol</i>	F	
<i>norgestimate-ethinyl estradiol (triphasic)</i>	F	
<i>norgestrel & ethinyl estradiol 0.3 MG-30 MCG</i>	F	
QUARTETTE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
SEASONIQUE (Use <i>levonorgestrel-ethinyl estradiol (91-day)</i>)	NF	
TAYTULLA CAPS (Use <i>norethin acet & estrad-fe</i>)	NF	
TYBLUME CHEW	Z	
YASMIN 28 (Use <i>drospirenone-ethinyl estradiol</i>)	NF	
YAZ (Use <i>drospirenone-ethinyl estradiol</i>)	NF	
Combination Contraceptives - Transdermal		
XULANE	F	
Combination Contraceptives - Vaginal		
NUVARING (Use <i>etonogestrel-ethinyl estradiol</i>)	F	
Emergency Contraceptives		
<i>levonorgestrel (emergency oc) 1.5 MG</i>	F	
PLAN B ONE-STEP (Use <i>levonorgestrel (emergency oc)</i>)	NF	
Progestin Contraceptives - Implants		

Drug Name	Drug Tier	Requirement s/Limits
NEXPLANON	F	Specialty Medication; limit 1 fill per 3 years;QL(1 ea per 999 days retail);SP
Progestin Contraceptives - Injectable		
DEPO-PROVERA CONTRACEPTIVE SUSP IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NF	
DEPO-PROVERA CONTRACEPTIVE SUSY IM (Use <i>medroxyprogesterone acetate (contraceptive)</i>)	NF	
<i>medroxyprogesterone acetate (contraceptive) susy im</i>	F	
<i>medroxyprogesterone acetate (contraceptive) susp im</i>	F	
Progestin Contraceptives - Oral		
<i>norethindrone (contraceptive)</i>	F	
ORTHO MICRONOR (Use <i>norethindrone (contraceptive)</i>)	NF	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions		
Glucocorticosteroids		
<i>budesonide cpep</i>	F	QL(3 ea daily)
CORTEF TABS (Use <i>hydrocortisone</i>)	NF	
<i>dexamethasone tbpk</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>dexamethasone tabs .5 MG, .75 MG, 1 MG</i>	F	
<i>dexamethasone elix</i>	F	
<i>dexamethasone soln</i>	F	
DEXAMETHASONE INTENSOL CONC	F	
ENTOCORT EC CPEP (Use <i>budesonide</i>)	NF	QL(3 ea daily)
<i>hydrocortisone tabs</i>	F	
KENALOG-10 SUSP	F	PA
KENALOG-40 SUSP (Use <i>triamcinolone acetonide</i>)	NF	
MEDROL TABS	F	
MEDROL TABS (Use <i>methylprednisolone</i>)	NF	
MEDROL DOSEPAK TBPK (Use <i>methylprednisolone</i>)	NF	
<i>methylprednisolone tbpk</i>	F	
<i>methylprednisolone tabs</i>	F	
<i>methylprednisolone sod succ 40 MG, 125 MG, 500 MG, 1000 MG</i>	F	PA
MILLIPRED TABS	F	
ORAPRED ODT TBDP (Use <i>prednisolone sodium phosphate</i>)	NF	
PEDIAPRED SOLN (Use <i>prednisolone sodium phosphate</i>)	NF	
<i>prednisolone soln</i>	F	
<i>prednisolone syrup</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>prednisolone sodium phosphate soln 5 MG/5ML, 6.7 MG/5ML, 15 MG/5ML</i>	F	
<i>prednisolone sodium phosphate tbdp</i>	F	
<i>prednisone tbpk</i>	F	
<i>prednisone soln</i>	F	
<i>prednisone tabs</i>	F	
PREDNISONE INTENSOL CONC	F	
SOLU-CORTEF	F	PA
SOLU-MEDROL 2 GM	F	PA
SOLU-MEDROL 40 MG, 125 MG, 500 MG, 1000 MG (Use <i>methylprednisolone sod succ</i>)	NF	PA
TRIAMCINOLONE ACETONIDE SUSP 50 MG/ML	F	PA
TRIAMCINOLONE ACETONIDE PF SUSP	F	PA
Mineralocorticoids		
<i>fludrocortisone acetate tabs</i>	F	
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms		
Antitussives		
<i>benzonatate</i>	F	
DELSYM SUER (Use <i>dextromethorphan polistirex</i>)	NF	
DELSYM COUGH CHILDRENS SUER (Use <i>dextromethorphan polistirex</i>)	NF	
<i>dextromethorphan hbr syrup 15 MG/5ML</i>	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>dextromethorphan hbr caps</i>	F	
<i>dextromethorphan polistirex lqcr</i>	F	
<i>dextromethorphan polistirex suer</i>	F	
HYCODAN TABS 5 MG-1.5 MG (Use hydrocodone bitartrate-homatropine methylbromide)	NF	QL(0 ea daily);AL(At least 18 yrs old)
HYCODAN SOLN (Use hydrocodone bitartrate-homatropine methylbromide)	NF	QL(0 ml daily,240 ml per 12 days retail);AL(At least 18 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide tabs</i>	F	QL(0 ea daily);AL(At least 18 yrs old)
<i>hydrocodone bitartrate-homatropine methylbromide soln</i>	F	QL(0 ml daily,240 ml per 12 days retail);AL(At least 18 yrs old)
ROBITUSSIN LINGERING COLDLONG-ACTING COUGHGELS CAPS (Use dextromethorphan hbr)	NF	
TESSALON PERLES (Use benzonatate)	NF	
Cough/Cold/Allergy Combinations		
ACTIDOM DMX LIQD	F	QL(16 ml daily)
ACTINEL DM LIQD	F	QL(16 ml daily)
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION TB12 (Use fexofenadine-pseudoephedrine)	NF	QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION TB24 (Use fexofenadine-pseudoephedrine)	NF	QL(1 ea daily)
BIODESP DM SYRP	F	QL(16 ml daily)
<i>brompheniramine & phenyleph elix</i>	F	
<i>brompheniramine & pseudoeph liqd 1 MG/5ML-15 MG/5ML</i>	F	QL(8 ml daily)
<i>brompheniramine & pseudoeph elix</i>	F	QL(8 ml daily)
BRONKIDS LIQD	F	
BRONTUSS DX LIQD	F	QL(16 ml daily)
<i>cetirizine-pseudoephedrine</i>	F	QL(2 ea daily)
CHERACOL PLUS LIQD (Use dextromethorphan-guaifenesin)	NF	QL(16 ml daily)
CHERACOL-D COUGH LIQD (Use dextromethorphan-guaifenesin)	NF	QL(16 ml daily)
<i>chlorpheniramine & pseudoeph tabs</i>	F	
CLARITIN-D 12 HOUR TB12 (Use loratadine & pseudoephedrine)	NF	QL(2 ea daily)
CLARITIN-D 24 HOUR TB24 (Use loratadine & pseudoephedrine)	NF	QL(1 ea daily)
CVS SINUS RELIEF DAYTIME/NIGHTTIME TBPK	F	
<i>dextromethorphan-guaifenesin syrpf 10 MG/5ML-100 MG/5ML</i>	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>dextromethorphan-guaifenesin tabs 20 MG-400 MG</i>	F	QL(2 ea daily)
<i>dextromethorphan-guaifenesin liqd 20 MG/10ML-200 MG/10ML</i>	F	QL(16 ml daily)
<i>dextromethorphan-guaifenesin liqd 20 MG/20ML-400 MG/20ML</i>	F	
<i>dextromethorphan-guaifenesin tb12 30 MG-600 MG</i>	F	QL(2 ea daily)
DIMETAPP COLD & ALLERGY ELIX 1 MG/5ML-2.5 MG/5ML (Use <i>brompheniramine & phenyleph</i>)	NF	
DIMETAPP DM COLD & COUGH LIQD (Use <i>phenylephrine-brompheniramine-dm</i>)	NF	
DIMETAPP MULTI-SYMPTOM COLD RELIEF CHILDRENS LIQD (Use <i>phenylephrine-brompheniramine-dm</i>)	NF	
DOMETUSS-DMX LIQD	F	QL(16 ml daily)
ED BRON GP LIQD	F	
FATHER JOHNS MEDICINE PLUS SOLN	F	
<i>fexofenadine-pseudoephedrine tb12</i>	F	QL(2 ea daily)
<i>fexofenadine-pseudoephedrine tb24</i>	F	QL(1 ea daily)
GILTUSS COUGH & COLD TABS	F	RX/OTC
GILTUSS TR TABS	F	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
G-TRON PED LIQD	F	QL(16 ml daily)
G-TRON PEDIATRIC DROPS LIQD	F	QL(16 ml daily)
G-TUSICOF LIQD	F	QL(16 ml daily)
<i>guaifenesin-codeine liqd 100 MG/5ML-10 MG/5ML</i>	F	QL(240 ml per 12 days retail);AL(At least 18 yrs old)
<i>guaifenesin-codeine syrp</i>	F	QL(240 ml per 12 days retail);AL(At least 18 yrs old)
<i>guaifenesin-codeine soln 100 MG/5ML-10 MG/5ML</i>	F	QL(240 ml per 12 days retail);AL(At least 18 yrs old)
G-ZYNCOF SYRP	F	
LOHIST-D LIQD	F	QL(16 ml daily)
LOHIST-DM SYRP	F	QL(16 ml daily)
<i>loratadine & pseudoephedrine tb12</i>	F	QL(2 ea daily)
<i>loratadine & pseudoephedrine tb24</i>	F	QL(1 ea daily)
MAXI-TUSS DM LIQD	F	
MAXI-TUSS PE LIQD	F	
MAXI-TUSS PE MAX LIQD	F	
MUCINEX CHILDRENS FREEFROM MULTI-SYMPTOM COLD AND STUFFY NOS LIQD (Use <i>phenylephrine w/ dm-gg</i>)	NF	QL(16 ml daily)
MUCINEX CHILDRENS MULTI-SYMPTOM COLD LIQD (Use <i>phenylephrine w/ dm-gg</i>)	NF	QL(16 ml daily)

Drug Name	Drug Tier	Requirements/Limits
MUCINEX CHILDRENS STUFFYNOSE AND CHEST CONGESTION LIQD (Use phenylephrine-guaifenesin)	NF	
MUCINEX COUGH & CONGESTION CHILDRENS LIQD (Use phenylephrine w/ dm-gg)	NF	QL(16 ml daily)
MUCINEX D TB12 (Use pseudoephedrine-guaifenesin)	NF	
MUCINEX DM TB12 (Use dextromethorphan-guaifenesin)	NF	QL(2 ea daily)
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH LIQD (Use phenylephrine w/ dm-gg)	NF	QL(16 ml daily)
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH ARCTIC BURST LIQD (Use phenylephrine w/ dm-gg)	NF	QL(16 ml daily)
MUCINEX FAST-MAX SEVERE CONGESTION & COUGH CLEAR & COOL LIQD (Use phenylephrine w/ dm-gg)	NF	QL(16 ml daily)
MUCINEX SINUS-MAX DAY TIME/NIGHT TIME LQPK	F	
NEOTUSS PLUS LIQD	F	
NEOTUSS-D LIQD 30 MG/5ML-7.5 MG/5ML-200 MG/5ML	F	QL(16 ml daily)

Drug Name	Drug Tier	Requirements/Limits
NIVANEX DMX TABS	F	
phenylephrine w/ dm-gg syrp 10 MG/5ML-5 MG/5ML-100 MG/5ML	F	QL(16 ml daily)
phenylephrine w/ dm-gg tabs 20 MG-10 MG-400 MG	F	
phenylephrine w/ dm-gg liqd 20 MG/10ML-10 MG/10ML-200 MG/10ML	F	QL(16 ml daily)
phenylephrine-chlorphen-dm liqd 10 MG/5ML-5 MG/5ML-2 MG/5ML	F	
phenylephrine-diphenhydramine-gg w/ apap tbpk 12.5 MG-5 MG-200 MG-325 MG	F	
phenylephrine-guaifenesin tabs 400 MG-10 MG	F	
phenylephrine-guaifenesin liqd 100 MG/5ML-2.5 MG/5ML	F	
promethazine & phenylephrine syrp	F	QL(16 ml daily)
promethazine w/codeine soln	F	QL(240 ml per 12 days retail);AL(At least 18 yrs old)
promethazine w/codeine syrp	F	QL(240 ml per 12 days retail);AL(At least 18 yrs old)
promethazine-dm syrp	F	QL(16 ml daily)
pseudoephed-bromphen-dm syrp 2 MG/5ML-10 MG/5ML-30 MG/5ML	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>pseudoephedrine w/ codeine-gg soln</i>	F	QL(240 ml per 12 days retail);AL(At least 18 yrs old)
<i>pseudoephedrine w/ dm-gg liqd 10 MG/5ML-100 MG/5ML-30 MG/5ML</i>	F	
<i>pseudoephedrine-guaifenesin tb12 60 MG-600 MG</i>	F	
QC MEDIFIN PE TABS (Use <i>phenylephrine-guaifenesin</i>)	NF	
ROBITUSSIN CHILDRENS COUGH & COLD CF LIQD	F	QL(16 ml daily)
ROBITUSSIN PEAK COLD MULTI-SYMP TOM COLD LIQD (Use <i>phenylephrine w/ dm-gg</i>)	NF	QL(16 ml daily)
RYCONTUSS LIQD (Use <i>phenylephrine-chlorphen-dm</i>)	NF	
SUPRESS-PE PEDIATRIC LIQD	F	
TUSICOF LIQD	F	QL(16 ml daily)
TUSNEL C SYRP	F	QL(240 ml per 12 days retail);AL(At least 18 yrs old)
TUSNEL DM LIQD	F	QL(16 ml daily)
TUSSI-PRES PEDIATRIC LIQD (Use <i>phenylephrine w/ dm-gg</i>)	NF	QL(16 ml daily)
TUSSLIN LIQD	F	QL(16 ml daily)
TUSSLIN PEDIATRIC LIQD	F	QL(16 ml daily)
TYLENOL COLD/FLU/DAY/MULT-ACTION/DAY TABS	F	

Drug Name	Drug Tier	Requirement s/Limits
VIRTUSSIN DAC SOLN	F	QL(240 ml per 12 days retail);AL(At least 18 yrs old)
ZYNCOF SYRP	F	
ZYRTEC-D ALLERGY/CONGESTION (Use <i>cetirizine-pseudoephedrine</i>)	NF	QL(2 ea daily)
Expectorants		
GILTUSS EX EXPECTORANT CHILDRENS LIQD	F	QL(16 ml daily)
GILTUSS EX MAXIMUM STRENGTH LIQD	F	QL(16 ml daily)
<i>guaifenesin soln</i>	F	QL(16 ml daily)
<i>guaifenesin tb12 600 MG</i>	F	
<i>guaifenesin tabs 400 MG</i>	F	
<i>guaifenesin liqd 100 MG/5ML</i>	F	QL(16 ml daily)
<i>guaifenesin syrp 100 MG/5ML</i>	F	QL(16 ml daily)
HERBAL EXPEC LIQD	F	QL(16 ml daily)
MUCINEX TB12 (Use <i>guaifenesin</i>)	NF	
MUCINEX MAXIMUM STRENGTH TB12 (Use <i>guaifenesin</i>)	NF	
Misc. Respiratory Inhalants		
HYPERSAL NEBU (Use <i>sodium chloride (inhalant)</i>)	NF	
<i>sodium chloride (inhalant) nebu .9 %, 3 %, 7 %</i>	F	
Mucolytics		
<i>acetylcysteine soln</i>	F	
DERMATOLOGICALS - Drugs to Treat Skin		

Drug Name	Drug Tier	Requirements/Limits
Conditions		
Acne Products		
ABSORICA (Use isotretinoin)	NF	PA
ACNE MEDICATION 10 LOTN	F	
ACNE MEDICATION 5 LOTN	F	
BENZAC AC WASH LIQD 5 % (Use benzoyl peroxide)	NF	RX/OTC
benzoyl peroxide liqd 4 %	F	
benzoyl peroxide liqd 5 %, 10 %	F	RX/OTC
benzoyl peroxide foam 5.3 %	F	RX/OTC
benzoyl peroxide gel 2.5 %	F	
benzoyl peroxide liqd 7 %	F	RX/OTC
benzoyl peroxide crea 10 %	F	
benzoyl peroxide liqd 10 %	F	
benzoyl peroxide foam 9.8 %	F	
benzoyl peroxide bar	F	
benzoyl peroxide gel 5 %	F	
BENZOYL PEROXIDE CLEANSER LIQD	F	
CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NF	
CLINDAGEL GEL (Use clindamycin phosphate (topical))	NF	
clindamycin phosphate (topical) gel	F	

Drug Name	Drug Tier	Requirements/Limits
clindamycin phosphate (topical) lotn	F	
clindamycin phosphate (topical) swab	F	
clindamycin phosphate (topical) soln	F	
clindamycin phosphate-benzoyl peroxide (refrigerate)	F	
DIFFERIN DAILY DEEP CLEANSER LIQD (Use benzoyl peroxide)	NF	RX/OTC
erythromycin (acne aid) soln	F	
isotretinoin	F	PA
NEUTROGENA ON-THE-SPOT ACNE TREATMENT CREA (Use benzoyl peroxide)	NF	
PANOXYL LIQD (Use benzoyl peroxide)	NF	
RETIN-A CREA (Use tretinoin)	F	AL(Up to 26 yrs old)
RETIN-A GEL (Use tretinoin)	F	AL(Up to 26 yrs old)
RIAX FOAM	F	
ZACLIR CLEANSING LOTN	F	
Antibiotics - Topical		
BACIGUENT OINT (Use bacitracin (topical))	NF	
bacitracin (topical) oint	F	
bacitracin zinc oint	F	
bacitracin-polymyxin b oint	F	
CENTANY OINT	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>gentamicin sulfate (topical) oint</i>	F	
<i>gentamicin sulfate (topical) crea</i>	F	
<i>mupirocin oint</i>	F	
<i>mupirocin calcium (topical)</i>	F	QL(1 gm daily)
<i>neomycin-bacitracin-polymyxin oint</i>	F	
<i>neomycin-bacitracin-polymyxin-pramoxine</i>	F	
NEOSPORIN ORIGINAL OINT (Use <i>neomycin-bacitracin-polymyxin</i>)	NF	
POLYSPORIN OINT 500 UNIT/GM-10000 UNIT/GM (Use <i>bacitracin-polymyxin b</i>)	NF	
Antifungals - Topical		
<i>butenafine hcl</i>	F	RX/OTC
<i>ciclopirox soln</i>	F	
<i>ciclopirox olamine crea</i>	F	
<i>clotrimazole (topical) soln</i>	F	RX/OTC
<i>clotrimazole (topical) crea</i>	F	RX/OTC
<i>clotrimazole (topical) crea</i>	F	RX/OTC
<i>clotrimazole w/ betamethasone crea</i>	F	
<i>ketoconazole (topical) sham 2 %</i>	F	
<i>ketoconazole (topical) crea</i>	F	
LAMISIL AT CREA (Use <i>terbinafine hcl (topical)</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
LAMISIL AT JOCK ITCH CREA (Use <i>terbinafine hcl (topical)</i>)	NF	
LOPROX CREA (Use <i>ciclopirox olamine</i>)	NF	
LOTRIMIN AF CREA (Use <i>clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN AF JOCK ITCH CREA (Use <i>clotrimazole (topical)</i>)	NF	RX/OTC
LOTRIMIN ANTIFUNGAL AERO (Use <i>miconazole nitrate (topical)</i>)	NF	
LOTRIMIN ULTRA (Use <i>butenafine hcl</i>)	NF	RX/OTC
MICATIN CREA (Use <i>miconazole nitrate (topical)</i>)	NF	
MICONAZOLE NITRATE POWD XX	F	
<i>miconazole nitrate (topical) powd ex</i>	F	
<i>miconazole nitrate (topical) crea</i>	F	
<i>miconazole nitrate (topical) crea</i>	F	
<i>miconazole nitrate (topical) aero</i>	F	
<i>miconazole nitrate (topical) powd ex</i>	F	
<i>nystatin (topical) powd ex</i>	F	
<i>nystatin (topical) oint</i>	F	
<i>nystatin (topical) crea</i>	F	
<i>terbinafine hcl (topical) crea</i>	F	
TINACTIN CREA (Use <i>tolnaftate</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
TINACTIN AERP (<i>Use tolnaftate</i>)	NF	
TINACTIN DEODORANT AERP (<i>Use tolnaftate</i>)	NF	
TINACTIN JOCK ITCH AERP (<i>Use tolnaftate</i>)	NF	
<i>tolnaftate crea</i>	F	
<i>tolnaftate powd ex</i>	F	
<i>tolnaftate crea</i>	F	
<i>tolnaftate aerp</i>	F	
XOLEGEL GEL	F	
Antihistamines-Topical		
<i>diphenhydramine hcl (topical) gel</i>	F	
<i>diphenhydramine hcl (topical) soln</i>	F	
ITCH RELIEF CREA	F	
Anti-inflammatory Agents - Topical		
<i>diclofenac sodium (topical) gel ex</i>	F	QL(200 gm per 30 days retail);RX/OTC
VOLTAREN GEL EX (<i>Use diclofenac sodium (topical)</i>)	NF	QL(200 gm per 30 days retail);RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
CARAC CREA (<i>Use fluorouracil (topical)</i>)	NF	
EFUDEX CREA (<i>Use fluorouracil (topical)</i>)	NF	
<i>fluorouracil (topical) crea 5 %</i>	F	
Antiseborrheic Products		
<i>selenium sulfide lotn 1 %</i>	F	
<i>selenium sulfide sham 1 %</i>	F	

Drug Name	Drug Tier	Requirement s/Limits
SELSUN BLUE LOTN (<i>Use selenium sulfide</i>)	NF	
SELSUN BLUE DAILY LOTN (<i>Use selenium sulfide</i>)	NF	
SELSUN BLUE MEDICATED LOTN (<i>Use selenium sulfide</i>)	NF	
SELSUN BLUE MOISTURIZING LOTN (<i>Use selenium sulfide</i>)	NF	
Antivirals - Topical		
ABREVA (<i>Use docosanol</i>)	NF	Limit 2 per month;QL(0.067 gm daily)
<i>acyclovir topical oint</i>	F	QL(15 gm per 30 days retail)
<i>docosanol</i>	F	Limit 2 per month;QL(0.067 gm daily)
ZOVIRAX OINT (<i>Use acyclovir topical</i>)	NF	QL(15 gm per 30 days retail)
ZOVIRAX CREA (<i>Use acyclovir topical</i>)	F	QL(15 gm per 30 days retail)
Burn Products		
SILVADENE (<i>Use silver sulfadiazine</i>)	NF	
<i>silver sulfadiazine</i>	F	
Corticosteroids - Topical		
<i>betamethasone dipropionate (topical) lotn</i>	F	
<i>betamethasone dipropionate (topical) crea</i>	F	
<i>betamethasone dipropionate augmented crea</i>	F	
<i>betamethasone valerate lotn</i>	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>betamethasone valerate crea</i>	F	
<i>betamethasone valerate oint</i>	F	
<i>clobetasol propionate soln .05 %</i>	F	QL(3.34 ml daily)
<i>clobetasol propionate sham</i>	F	
<i>clobetasol propionate crea .05 %</i>	F	QL(3.34 gm daily)
<i>clobetasol propionate oint .05 %</i>	F	QL(3.34 gm daily)
<i>clobetasol propionate gel .05 %</i>	F	QL(118 gm per fill retail)
<i>clobetasol propionate emollient base .05 %</i>	F	QL(3.34 gm daily)
CLOBEX SHAM (Use <i>clobetasol propionate</i>)	NF	
DERMA-SMOOTHIE/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	F	1 rtl pack lmt amt,30 rtl pack lmt day(s)
DERMA-SMOOTHIE/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	F	1 rtl pack lmt amt,30 rtl pack lmt day(s)
DIPROLENE AF CREA (Use <i>betamethasone dipropionate augmented</i>)	NF	
<i>fluocinonide oint</i>	F	QL(60 gm per fill retail)
<i>fluocinonide crea</i>	F	QL(2 gm daily)
<i>fluocinonide soln</i>	F	
<i>fluticasone propionate crea .05 %</i>	F	
<i>fluticasone propionate oint</i>	F	
<i>halobetasol propionate crea</i>	F	QL(2 gm daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>halobetasol propionate oint</i>	F	QL(2 gm daily)
<i>hydrocortisone (topical) oint 1 %</i>	F	RX/OTC
<i>hydrocortisone (topical) crea 1 %</i>	F	RX/OTC
<i>hydrocortisone (topical) lotn 2.5 %</i>	F	
<i>hydrocortisone (topical) oint 2.5 %</i>	F	
<i>hydrocortisone (topical) oint 1 %</i>	F	RX/OTC
<i>hydrocortisone (topical) oint .5 %</i>	F	
<i>hydrocortisone (topical) crea .5 %, 1 %</i>	F	RX/OTC
<i>hydrocortisone (topical) crea .5 %</i>	F	
<i>hydrocortisone (topical) crea 2.5 %</i>	F	
<i>hydrocortisone (topical) gel</i>	F	
<i>hydrocortisone (topical) lotn 1 %</i>	F	
<i>hydrocortisone acetate (topical) oint</i>	F	
<i>hydrocortisone acetate (topical) crea 1 %</i>	F	
HYDROCORTISONE/ALOE CREA	F	
<i>hydrocortisone-aloe vera crea 1 %</i>	F	
<i>mometasone furoate oint</i>	F	
<i>mometasone furoate soln</i>	F	
<i>mometasone furoate crea</i>	F	

Drug Name	Drug Tier	Requirements/Limits
MONISTAT SOOTHING CARE ITCH RELIEF CREA (Use hydrocortisone (topical))	NF	RX/OTC
PRAMOSONE CREA 1 %-2.5 % (Use pramoxine-hc)	NF	
pramoxine-hc crea 1 %-2.5 %	F	
TEMOVATE CREA (Use clobetasol propionate)	NF	QL(3.34 gm daily)
TEMOVATE OINT (Use clobetasol propionate)	NF	QL(3.34 gm daily)
triamcinolone acetonide (topical) oint .05 %	F	
triamcinolone acetonide (topical) oint	F	
triamcinolone acetonide (topical) crea	F	
triamcinolone acetonide (topical) lotn	F	
Emollient/Keratolytic Agents		
KERALAC CREA 47 % (Use urea)	NF	
REA-LO CREA	F	
urea crea 40 %	F	RX/OTC
urea crea 10 %	F	
urea lotn 40 %	F	
UTOPIC CREA (Use urea)	NF	
Emollients		
LAC-HYDRIN TWELVE LOTN (Use lactic acid (ammonium lactate))	NF	RX/OTC
LACTIC ACID LOTN	F	

Drug Name	Drug Tier	Requirements/Limits
<i>lactic acid (ammonium lactate) crea</i>	F	RX/OTC
<i>lactic acid (ammonium lactate) lotn 12 %</i>	F	RX/OTC
NOBLE MYSTIQUE EMU-LAC CREA	F	
Immunomodulating Agents - Topical		
ALDARA (Use imiquimod)	NF	
imiquimod 5 %	F	
Keratolytic/Antimitotic Agents		
AMBI EVEN & CLEAR EXFOLIATING WASH LIQD	F	
AMBI EVEN & CLEAR FOAMINGCLEANSER LIQD	F	
BETASAL SHAM	F	
CLEAN & CLEAR DEEP CLEANING ASTRINGENT SENSITIVE SKIN LIQD	F	
CLEAN & CLEAR DUAL ACTIONMOISTURIZER LOTN	F	
CLEARASIL DAILY CLEAN GENTLE PREVENTION LIQD	F	
CLN ACNE CLEANSER LIQD	F	
COMPOUND W LIQD (Use salicylic acid)	NF	
COMPOUND W FAST ACTING GEL+CONSEAL GEL (Use salicylic acid)	NF	
COMPOUND W MAXIMUM STRENGTH GEL (Use salicylic acid)	NF	

Drug Name	Drug Tier	Requirements/Limits
CVS PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER SHAM	F	
CVS THERAPEUTIC DANDRUFF MAXIMUM STRENGTH SHAM	F	
DENOREX EXTRA STRENGTH 2-IN-1 SHAM	F	
DENOREX EXTRA STRENGTH MEDICATED SHAM	F	
DERMAREST PSORIASIS GEL	F	
DERMAREST PSORIASIS MEDICATED SHAMPOO PLUS CONDITIONER SHAM	F	
DHS SAL SHAM	F	
DUOFILM SOLN	F	
FREEZONE LIQD	F	
GOLD BOND PSORIASIS RELIEF MULTI-SYMP TOM CREA	F	
KERALYT GEL (<i>Use salicylic acid</i>)	NF	
KERALYT GEL	F	
MG217 PSORIASIS MULTI-SYMP TOM CREA	F	
MOSCO CALLUS/CORN REMOVER SOLN	F	
NEUTROGENA T/SAL SHAM	F	
P & S SHAM	F	
<i>podofilox soln</i>	F	

Drug Name	Drug Tier	Requirements/Limits
SALEX SHAM (<i>Use salicylic acid</i>)	NF	
<i>salicylic acid soln 26 %</i>	F	
<i>salicylic acid foam</i>	F	PA
<i>salicylic acid gel 17 %</i>	F	
<i>salicylic acid liqd 17 %</i>	F	
<i>salicylic acid lotn 6 %</i>	F	
<i>salicylic acid crea 2 %</i>	F	
<i>salicylic acid sham 6 %</i>	F	
SALIMEZ CREA	F	
SALVAX FOAM (<i>Use salicylic acid</i>)	NF	PA
SELSUN BLUE DEEP CLEANSING SHAM	F	
SELSUN BLUE NATURALS DRYSCALP SHAM	F	
THERAPEUTIC DANDRUFF SHAM	F	
THERAPEUTIC T+PLUS MAXIMUM STRENGTH SHAM	F	
Local Anesthetics - Topical		
<i>lidocaine ptch 5 %</i>	F	QL(3 ea daily);PA
<i>lidocaine oint</i>	F	QL(50 gm per fill retail);PA
<i>lidocaine crea 4 %</i>	F	
<i>lidocaine hcl soln</i>	F	
<i>lidocaine hcl crea 4 %</i>	F	Max 2 tubes per 30 days;QL(266 gm per 30 days retail)
<i>lidocaine hcl gel 2 %</i>	F	QL(60 ml per 30 days retail)
<i>lidocaine hcl gel 2 %</i>	F	QL(60 gm per 30 days retail);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
<i>lidocaine hcl prsy</i>	F	QL(60 ml per 30 days retail)
<i>lidocaine hcl crea 4 %</i>	F	
<i>lidocaine-prilocaine crea</i>	F	QL(30 gm per 30 days retail)
LIDODERM PTCH (<i>Use lidocaine</i>)	NF	QL(3 ea daily);PA
LMX 4 CREA (<i>Use lidocaine</i>)	NF	
PREDATOR CREA (<i>Use lidocaine hcl</i>)	NF	
XOLIDO CREA	F	
Misc. Topical		
CALAMINE LOTN 8 %-8 %	F	
DRYSOL SOLN	F	
GNP CALAMINE LOTN	F	
HM CALAMINE LOTN	F	
MEIJER CALAMINE LOTN	F	
PX CALAMINE LOTN	F	
QC CALAMINE LOTN	F	
SM CALAMINE LOTN	F	
<i>zinc oxide (topical) crea 13 %</i>	F	
<i>zinc oxide (topical) oint 20 %, 40 %</i>	F	
Rosacea Agents		
METROCREAM CREA (<i>Use metronidazole (topical)</i>)	NF	
METROLOTION LOTN (<i>Use metronidazole (topical)</i>)	NF	
<i>metronidazole (topical) lotn</i>	F	
<i>metronidazole (topical) gel .75 %</i>	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>metronidazole (topical) crea</i>	F	
Scabicides & Pediculicides		
<i>crotamiton lotn</i>	F	PA
CVS LICE SOLUTION KIT 3-STEP	F	
ELIMITE CREA (<i>Use permethrin</i>)	NF	
IVERMECTIN	F	PA;RX/OTC
<i>ivermectin (pediculicide)</i>	F	PA;RX/OTC
LICEMD GEL	F	
<i>lindane sham</i>	F	
LYCELLE GEL	F	
NATROBA (<i>Use spinosad</i>)	F	PA
<i>nit remover gel</i>	F	
NIX CREME RINSE LIQD EX (<i>Use permethrin</i>)	NF	
<i>permethrin liqd ex</i>	F	
<i>permethrin crea</i>	F	
<i>permethrin lotn</i>	F	
<i>pyrethrins-piperonyl butoxide sham 0.33 %-4 %</i>	F	
<i>pyrethrins-piperonyl butoxide-permethrin-nit remover</i>	F	
RID COMPLETE LICE ELIMINATION (<i>Use pyrethrins-piperonyl butoxide-permethrin-nit remover</i>)	NF	
SCHOOLTIME SHAMPOO SHAM	F	
SKLICE (<i>Use ivermectin (pediculicide)</i>)	NF	PA;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
<i>spinosad</i>	F	PA
DIAGNOSTIC PRODUCTS		
Diagnostic Tests		
ALBUSTIX STRP	F	
BINAXNOW COVID-19 AG CARD HOME TEST KIT	F	QL(2 ea per 30 days retail)
CHEMSTRIP MICRAL STRP	F	
CHEMSTRIP-K STRP	F	
COVID-19 OTC ANTIGEN TESTKIT 1-PACK KIT	F	QL(2 ea per 30 days retail)
COVID-19 OTC ANTIGEN TESTKIT 2-PACK KIT	F	QL(2 ea per 30 days retail)
ELLUME COVID-19 HOME TEST KIT	F	QL(2 ea per 30 days retail)
FLOWFLEX COVID-19 ANTIGEN HOME TEST KIT	F	QL(2 ea per 30 days retail)
INTELISWAB COVID-19 RAPID TEST KIT	F	QL(2 ea per 30 days retail)
KETONE STRP	F	
KETONE TEST STRIPS STRP	F	
KETOSTIX STRP	F	
ON/GO COVID-19 ANTIGEN SELF-TEST KIT	F	QL(2 ea per 30 days retail)
ONETOUCH ULTRA STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
ONETOUCH VERIO TEST STRIPS STRP	F	INSULIN USERS LIMITED TO 150 PER 30 DAYS, NON-INSULIN USERS LIMITED TO 100 PER 90 DAYS;RX/OTC
QUICKVUE AT-HOME COVID-19 TEST KIT	F	QL(2 ea per 30 days retail)
RELION KETONE TEST STRIPS STRP	F	
DIGESTIVE AIDS - Drugs to Treat Low		
Digestive Enzymes		
Digestive Enzymes		
CREON CPEP	F	500 per month;QL(16.67 ea daily)
PANCREAZE CPEP 10500 UNIT-61500 UNIT-35500 UNIT, 16800 UNIT-98400 UNIT-56800 UNIT, 21000 UNIT-83900 UNIT-54700 UNIT, 2600 UNIT-15200 UNIT-8800 UNIT, 37000 UNIT-149900 UNIT-97300 UNIT, 4200 UNIT-24600 UNIT-14200 UNIT	F	QL(500 ea per 30 days retail)
SUCRAID	F	SP;PA
ZENPEP CPEP 15000 UNIT-63000 UNIT-47000 UNIT, 25000 UNIT-105000 UNIT-79000 UNIT, 5000 UNIT-24000 UNIT-17000 UNIT	F	500 per month;QL(16.67 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
ZENPEP CPEP 10000 UNIT-42000 UNIT-32000 UNIT, 20000 UNIT-84000 UNIT-63000 UNIT, 3000 UNIT-14000 UNIT-10000 UNIT, 40000 UNIT-168000 UNIT-126000 UNIT	F	500 per month;;QL(16.67 ea daily)
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide tabs</i>	F	
<i>acetazolamide cp12</i>	F	
<i>methazolamide tabs</i>	F	
Diuretic Combinations		
ALDACTAZIDE (<i>Use spironolactone & hydrochlorothiazide</i>)	NF	MP
ALDACTAZIDE	F	MP
<i>amiloride & hydrochlorothiazide</i>	F	MP
DYAZIDE CAPS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	MP
MAXZIDE TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	MP
MAXZIDE-25 TABS (<i>Use triamterene & hydrochlorothiazide</i>)	NF	MP
<i>spironolactone & hydrochlorothiazide</i>	F	MP
<i>triamterene & hydrochlorothiazide caps 37.5 MG-25 MG</i>	F	MP
<i>triamterene & hydrochlorothiazide tabs</i>	F	MP
Loop Diuretics		

Drug Name	Drug Tier	Requirement s/Limits
<i>bumetanide tabs</i>	F	MP
BUMEX TABS (<i>Use bumetanide</i>)	NF	MP
<i>furosemide tabs</i>	F	MP
<i>furosemide soln or 8 MG/ML</i>	F	MP
LASIX TABS (<i>Use furosemide</i>)	NF	MP
SOAANZ TABS 20 MG	F	MP
SOAANZ TABS 40 MG, 60 MG	F	MP
<i>torseamide tabs</i>	F	MP
Potassium Sparing Diuretics		
ALDACTONE TABS (<i>Use spironolactone</i>)	NF	MP
<i>amiloride hcl tabs</i>	F	MP
DYRENIUM CAPS (<i>Use triamterene</i>)	NF	MP
<i>spironolactone tabs</i>	F	MP
<i>triamterene caps</i>	F	MP
Thiazides and Thiazide-Like Diuretics		
<i>chlorthalidone 25 MG, 50 MG</i>	F	MP
DIURIL SUSP	F	MP
<i>hydrochlorothiazide caps</i>	F	MP
<i>hydrochlorothiazide tabs 25 MG, 50 MG</i>	F	MP
<i>indapamide tabs 1.25 MG, 2.5 MG</i>	F	MP
<i>metolazone</i>	F	MP
ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
Bone Density Regulators		
<i>alendronate sodium soln</i>	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>alendronate sodium tabs 5 MG</i>	F	
<i>alendronate sodium tabs 10 MG, 35 MG, 70 MG</i>	F	
BONIVA TABS (<i>Use ibandronate sodium</i>)	NF	QL(1 ea per 30 days retail)
<i>calcitonin (salmon) na</i>	F	
FORTEO SOPN	F	SP;PA
FOSAMAX TABS 70 MG (<i>Use alendronate sodium</i>)	NF	
<i>ibandronate sodium tabs</i>	F	QL(1 ea per 30 days retail)
PROLIA SOSY	F	SP;PA
Growth Hormones		
GENOTROPIN CART SC	F	SP;PA
GENOTROPIN MINIQUICK PRSY	F	SP;PA
NORDITROPIN FLEXPLO SOPN	F	SP;PA
Hormone Receptor Modulators		
EVISTA (<i>Use raloxifene hcl</i>)	NF	
<i>raloxifene hcl</i>	F	
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	F	SP;PA
LHRH/GnRH Agonist Analog Pituitary Suppressants		
FENSOLVI	F	SP;PA
Metabolic Modifiers		
<i>calcitriol soln or</i>	F	
<i>calcitriol caps</i>	F	
<i>cinacalcet hcl</i>	F	SP;PA
ELAPRASE	F	SP;PA
ROCALTROL SOLN OR (<i>Use calcitriol</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
ROCALTROL CAPS (<i>Use calcitriol</i>)	NF	
SENSIPAR (<i>Use cinacalcet hcl</i>)	NF	SP;PA
Mineralocorticoid Receptor Antagonists		
KERENDIA	F	PA
Posterior Pituitary Hormones		
DDAVP TABS (<i>Use desmopressin acetate</i>)	NF	PA
DDAVP .01 % (<i>Use desmopressin acetate spray</i>)	NF	
DDAVP	F	
<i>desmopressin acetate tabs</i>	F	PA
DESMOPRESSIN ACETATE SOLN NA	F	SP;PA
<i>desmopressin acetate spray</i>	F	
<i>desmopressin acetate spray refrigerated</i>	F	
STIMATE SOLN NA	F	SP;PA
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
CLIMARA PRO	F	
PREMPRO	F	QL(1 ea daily)
Estrogens		
ALORA PTTW	F	
CLIMARA PTWK (<i>Use estradiol</i>)	NF	
ESTRACE TABS (<i>Use estradiol</i>)	NF	
<i>estradiol pttw</i>	F	
<i>estradiol tabs</i>	F	
<i>estradiol ptwk</i>	F	
MENEST .3 MG, .625 MG, 1.25 MG	F	

Drug Name	Drug Tier	Requirement s/Limits
MENOSTAR PTWK	F	
MINIVELLE PTTW (Use estradiol)	NF	
PREMARIN TABS	F	
VIVELLE-DOT PTTW (Use estradiol)	NF	
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
CIPRO TABS 250 MG, 500 MG (Use ciprofloxacin hcl)	NF	
ciprofloxacin hcl tabs 100 MG	F	
levofloxacin tabs	F	
levofloxacin soln or ofloxacin 400 MG	F	
ofloxacin 300 MG	F	
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
Antiflatulents		
GAS-X EXTRA STRENGTH CHEW (Use simethicone)	NF	
MYLICON INFANTS GAS RELIEF SUSP (Use simethicone)	NF	
MYLICON INFANTS GAS RELIEF DYE FREE SUSP (Use simethicone)	NF	
PHAZYME CAPS (Use simethicone)	NF	
PHAZYME ULTRA STRENGTH CAPS (Use simethicone)	NF	
simethicone susp 20 MG/0.3ML	F	

Drug Name	Drug Tier	Requirement s/Limits
simethicone caps 125 MG	F	
simethicone chew 80 MG	F	
Gallstone Solubilizing Agents		
ACTIGALL CAPS (Use ursodiol)	NF	
URSO 250 TABS (Use ursodiol)	NF	
URSO FORTE TABS (Use ursodiol)	NF	
ursodiol caps	F	
ursodiol tabs	F	
Gastrointestinal Chloride Channel Activators		
AMITIZA (Use lubiprostone)	NF	PA
lubiprostone	F	PA
Gastrointestinal Stimulants		
metoclopramide hcl tbdp	F	
metoclopramide hcl tabs	F	
metoclopramide hcl soln or 5 MG/5ML, 10 MG/10ML	F	
METOCLOPRAMIDE ODT TBDP	F	
REGLAN TABS (Use metoclopramide hcl)	NF	
Ileal Bile Acid Transporter (IBAT) Inhibitors		
LIVMARLI	F	SP;PA
Inflammatory Bowel Agents		
APRISO CP24 (Use mesalamine)	F	
ASACOL HD TBEC (Use mesalamine)	F	QL(6 ea daily)
AVSOLA	F	SP;PA
AZULFIDINE TABS (Use sulfasalazine)	NF	QL(8 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
AZULFIDINE EN-TABS TBEC (Use sulfasalazine)	NF	QL(8 ea daily)
CANASA SUPP (Use mesalamine)	F	
DELZICOL CPDR (Use mesalamine)	F	
LIALDA TBEC (Use mesalamine)	F	
PENTASA CPCR 250 MG	F	QL(9 ea daily)
PENTASA CPCR (Use mesalamine)	F	QL(9 ea daily)
SFROWASA ENEM	F	QL(60 ml daily)
sulfasalazine tabs	F	QL(8 ea daily)
sulfasalazine tbec	F	QL(8 ea daily)
Intestinal Acidifiers		
<i>lactulose (encephalopathy)</i>	F	
Irritable Bowel Syndrome (IBS) Agents		
LINZESS	F	PA
Phosphate Binder Agents		
<i>calcium acetate (phosphate binder) tabs</i>	F	RX/OTC
<i>calcium acetate (phosphate binder) caps</i>	F	
RENVELA TABS (Use sevelamer carbonate)	NF	
<i>sevelamer carbonate tabs</i>	F	
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Alkalinizers		
<i>potassium citrate (alkalinizer) tbc</i>	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>potassium citrate-citric acid soln</i>	F	RX/OTC
<i>sodium citrate & citric acid</i>	F	RX/OTC
UROCIT-K 10 TBCR (Use potassium citrate (alkalinizer))	NF	
UROCIT-K 15 TBCR (Use potassium citrate (alkalinizer))	NF	
UROCIT-K 5 TBCR (Use potassium citrate (alkalinizer))	NF	
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) .9 %</i>	F	QL(33.3333 ml daily)
Interstitial Cystitis Agents		
ELMIRON CAPS	F	PA
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl</i>	F	
AVODART (Use dutasteride)	NF	
<i>dutasteride</i>	F	
<i>finasteride</i>	F	
FLOMAX (Use tamsulosin hcl)	NF	
PROSCAR (Use finasteride)	NF	
<i>tamsulosin hcl</i>	F	
UROXATRAL (Use alfuzosin hcl)	NF	
Urinary Analgesics		
<i>phenazopyridine hcl tabs 100 MG, 100 MG, 200 MG</i>	F	
PYRIDIUM TABS (Use phenazopyridine hcl)	NF	
GOUT AGENTS - Drugs to Treat Gout		
Gout Agents		

Drug Name	Drug Tier	Requirement s/Limits
<i>allopurinol</i>	F	
<i>colchicine tabs</i>	F	
COLCRYS TABS (<i>Use colchicine</i>)	NF	
<i>febuxostat</i>	F	PA
ULORIC (<i>Use febuxostat</i>)	NF	PA
ZYLOPRIM (<i>Use allopurinol</i>)	NF	
Uricosurics		
<i>probenecid</i>	F	
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Complement Inhibitors		
TAVNEOS	F	SP;PA
Hematorheologic Agents		
<i>pentoxifylline</i>	F	
Platelet Aggregation Inhibitors		
BRILINTA	F	PA
<i>cilostazol</i>	F	
<i>clopidogrel bisulfate</i>	F	
<i>dipyridamole</i>	F	
PLAVIX 75 MG (<i>Use clopidogrel bisulfate</i>)	NF	
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Gaucher Disease		
CERDELGA	F	SP;PA
CEREZYME 400 UNIT	F	SP;PA
ELELYSO	F	SP;PA
<i>miglustat</i>	F	SP;PA
VPRIV	F	SP;PA
Cobalamins		
B-12 TABS	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>cyanocobalamin tabs 50 MCG, 100 MCG, 250 MCG, 500 MCG, 1000 MCG</i>	F	
<i>cyanocobalamin soln ij</i>	F	
Folic Acid/Folates		
<i>folic acid tabs 1 MG</i>	F	MP;RX/OTC
<i>folic acid tabs</i>	F	MP
Hematopoietic Growth Factors		
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	F	SP;PA
FULPHILA	F	SP;PA
NEUPOGEN SOLN	F	SP;PA
NEUPOGEN SOSY	F	SP;PA
NIVESTYM SOSY	F	SP;PA
NPLATE	F	SP;PA
NYVEPRIA	F	SP;PA
PROMACTA TABS	F	SP;PA
RETACRIT	F	SP;PA
RETACRIT 40000 UNIT/ML	F	SP;PA
UDENYCA	F	SP;PA
Iron		
FEMIRON TABS	F	
FER-IN-SOL SOLN (<i>Use ferrous sulfate</i>)	NF	
FERRETT'S TABS	F	
FERRIMIN 150 TABS	F	
<i>ferrous fumarate tabs 324 MG</i>	F	
FERROUS FUMARATE TABS 29 MG	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>ferrous gluconate tabs 27 MG, 240 MG, 324 MG</i>	F	
FERROUS GLUCONATE TABS 324 MG	F	
<i>ferrous sulfate soln</i>	F	
<i>ferrous sulfate tabs 325 MG</i>	F	
<i>ferrous sulfate tbec</i>	F	
FERROUS SULFATE LIQD	F	
HEMOCYTE TABS (Use <i>ferrous fumarate</i>)	NF	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders		
Hemostatics - Systemic		
AMICAR TABS (Use <i>aminocaproic acid</i>)	NF	SP
AMICAR SOLN OR (Use <i>aminocaproic acid</i>)	NF	SP
<i>aminocaproic acid soln or .25 GM/ML</i>	F	SP
<i>aminocaproic acid tabs</i>	F	SP
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
Antihistamine Hypnotics		
<i>diphenhydramine hcl (sleep) tbdp</i>	F	QL(2 ea daily)
<i>diphenhydramine hcl (sleep) liqd</i>	F	QL(30 ml daily)
<i>diphenhydramine hcl (sleep) caps 25 MG</i>	F	QL(2 ea daily)
<i>diphenhydramine hcl (sleep) tabs 50 MG</i>	F	QL(1 ea daily)
<i>diphenhydramine hcl (sleep) tabs 25 MG</i>	F	QL(2 ea daily)
<i>diphenhydramine hcl (sleep) caps 50 MG</i>	F	QL(1 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
<i>doxylamine succinate (sleep)</i>	F	
NYTOL MAXIMUM STRENGTH TABS (Use <i>diphenhydramine hcl (sleep)</i>)	NF	QL(1 ea daily)
UNISOM SLEEPGELS CAPS (Use <i>diphenhydramine hcl (sleep)</i>)	NF	QL(1 ea daily)
UNISOM SLEEPMELTS TBDP (Use <i>diphenhydramine hcl (sleep)</i>)	NF	QL(2 ea daily)
UNISOM SLEEPTABS (Use <i>doxylamine succinate (sleep)</i>)	NF	
WAL-SLEEP Z LIQUID SHOTS LIQD	F	QL(50 ml daily)
ZZZQUIL LIQD (Use <i>diphenhydramine hcl (sleep)</i>)	NF	QL(30 ml daily)
ZZZQUIL CAPS (Use <i>diphenhydramine hcl (sleep)</i>)	NF	QL(2 ea daily)
Barbiturate Hypnotics		
<i>phenobarbital soln</i>	F	
<i>phenobarbital tabs</i>	F	
<i>phenobarbital elix</i>	F	
Non-Barbiturate Hypnotics		
AMBIEN TABS 10 MG (Use <i>zolpidem tartrate</i>)	NF	QL(1 ea daily);AL(At least 6 yrs old)
AMBIEN TABS 5 MG (Use <i>zolpidem tartrate</i>)	NF	QL(2 ea daily);AL(At least 6 yrs old)
<i>eszopiclone</i>	F	QL(1 ea daily);AL(At least 6 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
LUNESTA (Use eszopiclone)	NF	QL(1 ea daily);AL(At least 6 yrs old)
RESTORIL 7.5 MG, 22.5 MG (Use temazepam)	NF	
RESTORIL 15 MG, 30 MG (Use temazepam)	NF	QL(1 ea daily);AL(At least 6 yrs old)
temazepam 15 MG, 30 MG	F	QL(1 ea daily);AL(At least 6 yrs old)
zolpidem tartrate tabs 10 MG	F	QL(1 ea daily);AL(At least 6 yrs old)
zolpidem tartrate tabs 5 MG	F	QL(2 ea daily);AL(At least 6 yrs old)
Selective Melatonin Receptor Agonists		
ROZEREM (Use ramelteon)	F	Must try 2: temazepam, zolpidem, eszopiclone;QL(1 ea daily);AL(At least 6 yrs old);ST
LAXATIVES - Bowel Treatment Drugs		
Bulk Laxatives		
EVAC POWD (Use psyllium)	NF	
KONSYL DAILY FIBER POWD (Use psyllium)	NF	
METAMUCIL POWD (Use psyllium)	NF	
METAMUCIL CAPS (Use psyllium)	NF	
METAMUCIL ORIGINAL TEXTURE POWD (Use psyllium)	NF	
NATURAL FIBER LAXATIVE POWD	F	
psyllium caps .52 GM	F	

Drug Name	Drug Tier	Requirement s/Limits
psyllium powd 28.3 %, 48.57 %	F	
Laxative Combinations		
GOLYTELY SOLR (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	NF	
NULYTELY (Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)	NF	
NULYTELY/FLAVOR PACKS (Use peg 3350-potassium chloride-sod bicarbonate-sod chloride)	NF	
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate solr 236 GM-6.74 GM-2.97 GM-5.86 GM-22.74 GM	F	
peg 3350-potassium chloride-sod bicarbonate-sod chloride	F	
sennosides-docusate sodium tabs	F	
SENOKOT S TABS (Use sennosides-docusate sodium)	NF	
Laxatives - Miscellaneous		
glycerin (laxative) supp 1 GM, 1.2 GM, 2 GM, 2.1 GM, 80.7 %	F	
GLYCERIN ADULT SUPP (Use glycerin (laxative))	NF	
lactulose soln	F	

Drug Name	Drug Tier	Requirement s/Limits
MIRALAX PACK (Use polyethylene glycol 3350)	NF	
MIRALAX POWD (Use polyethylene glycol 3350)	NF	
MIRALAX MIX-IN PAX PACK (Use polyethylene glycol 3350)	NF	
PEDIA-LAX SUPP (Use glycerin (laxative))	NF	
polyethylene glycol 3350 pack	F	
polyethylene glycol 3350 powd	F	
Saline Laxatives		
FLEET ENEMA ENEM (Use sodium phosphates)	NF	
FLEET ENEMA SIX PACK ENEM (Use sodium phosphates)	NF	
FLEET PEDIATRIC ENEM (Use sodium phosphates)	NF	
magnesium citrate 1.745 GM/30ML	F	
magnesium hydroxide susp 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	F	
MILK OF MAGNESIA CONCENTRATE SUSP	F	
sodium phosphates enem 3.5 GM/59ML-9.5 GM/59ML	F	
Stimulant Laxatives		
bisacodyl tbec	F	

Drug Name	Drug Tier	Requirement s/Limits
bisacodyl supp	F	
DULCOLAX SUPP (Use bisacodyl)	NF	
DULCOLAX TBEC (Use bisacodyl)	NF	
DULCOLAX PINK LAXATIVE TBEC (Use bisacodyl)	NF	
sennosides tabs	F	
sennosides liqd	F	
sennosides syrp 8.8 MG/5ML	F	
SENOKOT TABS (Use sennosides)	NF	
Surfactant Laxatives		
COLACE CAPS 100 MG (Use docusate sodium)	NF	
COLACE CLEAR CAPS (Use docusate sodium)	NF	
docusate calcium	F	
docusate sodium caps	F	
LOCAL ANESTHETICS-Parenteral - Drugs for Numbing		
Local Anesthetics - Amides		
lidocaine hcl (local anesth.) soln .5 %, 1 %, 2 %	F	PA
LIDOCAINE HYDROCHLORIDE SOLN	F	PA
XYLOCAINE SOLN .5 %, 1 %, 2 % (Use lidocaine hcl (local anesth.))	NF	PA
XYLOCAINE-MPF SOLN .5 %, 1 %, 2 % (Use lidocaine hcl (local anesth.))	NF	PA
MACROLIDES - Drugs to Treat Bacterial		

Drug Name	Drug Tier	Requirements/Limits
Infections		
Azithromycin		
<i>azithromycin susr</i>	F	
<i>azithromycin tabs</i>	F	
<i>azithromycin pack</i>	F	
ZITHROMAX TABS 250 MG, 500 MG (Use <i>azithromycin</i>)	NF	
ZITHROMAX SUSR (Use <i>azithromycin</i>)	NF	
ZITHROMAX PACK (Use <i>azithromycin</i>)	F	
ZITHROMAX TRI-PAK TABS (Use <i>azithromycin</i>)	NF	
ZITHROMAX Z-PAK TABS (Use <i>azithromycin</i>)	NF	
Clarithromycin		
<i>clarithromycin susr</i>	F	
<i>clarithromycin tabs</i>	F	
<i>clarithromycin tb24</i>	F	
MEDICAL DEVICES AND SUPPLIES		
Bandages-Dressings-Tape		
GAUZE PADS 2X2, 3X3, 4X4	F	
Contraceptives		
CAYA DPRH	F	
CONDOMS	F	
DIAPHRAGMS	F	
OMNIFLEX DIAPHRAGM	F	
Diabetic Supplies		
FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM	F	QL(1 ea per 365 days retail);PA

Drug Name	Drug Tier	Requirements/Limits
FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM	F	QL(2 ea per 28 days retail);PA
FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM	F	QL(1 ea per 365 days retail);PA
FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM	F	QL(2 ea per 28 days retail);PA
FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM	F	QL(1 ea per 365 days retail);PA
FREESTYLE LIBRE/SENSOR/FLASH MONITORING SYSTEM	F	QL(3 ea per 30 days retail);PA
GNP STERILE LANCETS 28G	F	
GNP STERILE LANCETS 30G	F	
GNP STERILE LANCETS 33G	F	
INSULIN PUMP INFUSION SUPPLIES	F	
LANCETS AND LANCET DEVICES	F	
ONETOUCH CLUB LANCETS FINE POINT	F	
ONETOUCH DELICA LANCETS EXTRA FINE 33G	F	
ONETOUCH DELICA LANCETS FINE 30G	F	
ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G	F	
ONETOUCH DELICA PLUS LANCETS FINE 30G	F	
ONETOUCH FINEPOINT LANCETS	F	

Drug Name	Drug Tier	Requirement s/Limits
ONETOUCH ULTRA CONTROL SOLN	F	1/ 90 days;QL(0.012 ea daily)
ONETOUCH ULTRASOFT LANCETS	F	
ONETOUCH VERIO CONTROL SOLUTION HIGH SOLN	F	1/ 90 days;QL(0.012 ea daily)
ONETOUCH VERIO MID CONTROL SOLUTION SOLN	F	1/ 90 days;QL(0.012 ea daily)
PX LANCETS MICROTHIN 33G	F	
Misc. Devices		
ALCOHOL SWABS	F	
DROPSAFE ALCOHOL PREP PADS	F	RX/OTC
Parenteral Therapy Supplies		
1ML TB SYRINGE/25G X 5/8"/LUER SLIP TIP MISC	F	RX/OTC
1ML TB SYRINGE/27G X 1/2"/LUER SLIP TIP MISC	F	RX/OTC
1ML VANISHPOINT TUBERCULIN SYRINGE 25GX5/8" MISC	F	RX/OTC
1ML VANISHPOINT TUBERCULIN SYRINGE 27GX1/2" MISC	F	RX/OTC
2-3ML SYRINGE/LUER LOCK TIP	F	RX/OTC
2-3ML SYRINGE/LUER SLIP TIP	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES 3ML/22G X 1 1/2"	F	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
3ML LUER LOCK SAFETY SYRINGES/3ML/21G X 1 1/2"	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/22G X 1"	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/23G X 1"	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 1"	F	RX/OTC
3ML LUER LOCK SAFETY SYRINGES/3ML/25G X 5/8"	F	RX/OTC
3ML LUER-LOK SYRINGE 25G X 5/8"	F	RX/OTC
3ML SYRINGE/18G X 1-1/2"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/20G X 1"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/20G X 1"/LUER SLIP TIP	F	RX/OTC
3ML SYRINGE/21G X 1-1/2"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/22G 1-1/2"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/22G X 1"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/25G X 1"/LUER LOCK TIP	F	RX/OTC
3ML SYRINGE/LUER LOCK TIP 23GX1"	F	RX/OTC
3ML SYRINGE/LUER LOCK TIP 25G X 1-1/2"	F	
3ML SYRINGE/LUER SLIP TIP 23GX1"	F	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
ALLERGY SYRINGE/1ML/27G X 1/2" MISC	F	RX/OTC
BD 1ML ALLERGY SYRINGE SAFETYGLIDE NEEDLE 27GX1/2" MISC	F	RX/OTC
BD 1ML SLIP TIP SYRINGE 25GX5/8" MISC	F	RX/OTC
BD 1ML TUBERCULIN SYRINGE/SAFETYGLID E TB NEEDLE 27GX1/2" MISC	F	RX/OTC
BD 1ML TUBERCULIN SYRINGEDETACHABLE NEEDLE SLIP TIP 27GX1/2" MISC	F	RX/OTC
BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/20G X 1"	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/21G X 1-1/2"	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/23G X 1"	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/23G X 1-1/2"	F	RX/OTC
BD 3ML LUER-LOK SYRINGE/25G X 1"	F	RX/OTC
BD 3ML SYRINGE LUER-LOK 21GX1-1/2"	F	RX/OTC
BD 3ML SYRINGE LUER-LOK 22GX1"	F	RX/OTC
BD 3ML SYRINGE LUER-LOK 22GX1-1/2"	F	RX/OTC
BD 3ML SYRINGE LUER-LOK 23GX1"	F	RX/OTC
BD 3ML SYRINGE LUER-LOK 25GX1-1/2"	F	
BD 3ML SYRINGE LUER-LOK 25GX5/8"	F	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
BD 3ML SYRINGE/SAFETYGLID E SHIELDING IM NEEDLE 22GX1-1/2"	F	RX/OTC
BD 3ML SYRINGE/SAFETYGLID E SHIELDING IM NEEDLE 23GX1"	F	RX/OTC
BD 3ML SYRINGE/SAFETYGLID E SHIELDING NEEDLE 25GX5/8"	F	RX/OTC
BD ALLERGY/SYRINGE/NE EDLE/1ML/28G X 1/2" MISC	F	RX/OTC
BD BLUNT FILL NEEDLE/18GX 1-1/2"	F	RX/OTC
BD DISPOSABLE NEEDLE REGULAR BEVEL 25GX1"	F	RX/OTC
BD ECLIPSE NEEDLE 25G X 1.5"	F	RX/OTC
BD ECLIPSE NEEDLE 25GX1"	F	RX/OTC
BD ECLIPSE NEEDLE/25G X5/8"	F	RX/OTC
BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1"	F	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUE R-LOK/3ML/22G X 1"	F	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUE R-LOK/3ML/23G X 1"	F	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE/LUE R-LOK/3ML/25G X 5/8"	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2"	F	RX/OTC
BD HYPODERMIC NEEDLES 18GX1"	F	RX/OTC
BD HYPODERMIC NEEDLES 18GX1.5"	F	RX/OTC
BD HYPODERMIC NEEDLES 19GX1"	F	RX/OTC
BD HYPODERMIC NEEDLES 22GX1.5"	F	RX/OTC
BD HYPODERMIC NEEDLES 25GX1.5"	F	RX/OTC
BD INTEGRA SYRINGE/3ML 25GX1"	F	RX/OTC
BD INTEGRA SYRINGE/3ML/21G X 1-1/2"	F	RX/OTC
BD INTEGRA SYRINGE/3ML/22G X 1.5"	F	RX/OTC
BD INTEGRA SYRINGE/3ML/23G X 1"	F	RX/OTC
BD INTEGRA SYRINGE/3ML/25G X 5/8	F	RX/OTC
BD LUER-LOK SYRINGE/3ML	F	RX/OTC
BD NEEDLE/18G 1-1/2"	F	RX/OTC
BD NEEDLE/19G X 1"	F	RX/OTC
BD NEEDLE/22G X 1-1/2"	F	RX/OTC
BD NEEDLE/25G X 5/8"	F	RX/OTC
BD NEEDLE/27G X 1/2"	F	RX/OTC
BD PEN NEEDLES	F	

Drug Name	Drug Tier	Requirements/Limits
BD PLASTIPAK 3ML SYRINGE/LUER-LOK	F	RX/OTC
BD PLASTIPAK SYRINGES ALLERGY 28GX1/2 MISC	F	RX/OTC
BD SAFETYGLIDE HYPODERMICNEEDLE 18G X 1-1/2"	F	RX/OTC
BD SAFETYGLIDE HYPODERMICNEEDLE 25GX1"	F	RX/OTC
BD SAFETYGLIDE HYPODERMICNEEDLE 25GX5/8"	F	RX/OTC
BD SAFETYGLIDE NEEDLE/SHIELDED/22 G X 1-1/2"	F	RX/OTC
BD SLIP TIP SYRINGE/1ML	F	RX/OTC
BD SLIP TIP SYRINGE/3ML	F	RX/OTC
BD SYRINGE LUER-LOK/1ML	F	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/23G X 1"	F	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 1"	F	RX/OTC
CAREPOINT SAFETY 1ST SYRINGE/NEEDLE 3ML/25G X 5/8"	F	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/1ML	F	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/20GX1"	F	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1"	F	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
CAREPOINT SYRINGE/LUER LOCK/3ML/22GX1-1/2"	F	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1"	F	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/23GX1-1/2"	F	RX/OTC
CAREPOINT SYRINGE/LUER LOCK/3ML/25GX1"	F	RX/OTC
CARETOUCH HYPODERMIC NEEDLE/18GX1-1/2"	F	RX/OTC
CARETOUCH HYPODERMIC NEEDLE/25GX1"	F	RX/OTC
CARETOUCH HYPODERMIC NEEDLE/25GX1-1/2"	F	RX/OTC
CARETOUCH HYPODERMIC NEEDLE/25GX5/8"	F	RX/OTC
CARETOUCH LUER LOCK 3ML/22GX1"	F	RX/OTC
CARETOUCH LUER LOCK 3ML/22GX1-1/2"	F	RX/OTC
CARETOUCH LUER LOCK 3ML/23GX1"	F	RX/OTC
CARETOUCH LUER LOCK 3ML/23GX1-1/2'	F	RX/OTC
CARETOUCH LUER LOCK 3ML/25GX1"	F	RX/OTC
CARETOUCH LUER LOCK 3ML/25GX1-1/2"	F	
CARETOUCH LUER LOCK 3ML/25GX5/8"	F	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
CARETOUCH LUER LOCK SYRINGE/1ML	F	RX/OTC
CARETOUCH LUER LOCK SYRINGE/3ML	F	RX/OTC
CARETOUCH LUER SLIP SYRINGE/1ML	F	RX/OTC
DIALYSIS SAFETY SYRINGES/LOW DEAD SPACE 3ML/22GX1-1/2"	F	RX/OTC
EASY GLIDE SYRINGE/LUER LLOCK/1ML	F	RX/OTC
EASY GLIDE SYRINGE/LUER LLOCK/3ML	F	RX/OTC
EASY GLIDE SYRINGE/SLIP LLOCK/1ML	F	RX/OTC
EASY TOUCH ALLERGY TRAY SAFETY SYRINGE/1ML/27G X 1/2" MISC	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 18GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 18GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 19GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 22GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 25GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 25GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 25GX5/8"	F	RX/OTC
EASY TOUCH FLIPLOCK NEEDLES 27GX1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETTY SYRINGES 3ML/18GX1-1/2"	F	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/22GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/23GX1-1/2"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGE 3ML/25GX5/8"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/20GX1"	F	RX/OTC
EASY TOUCH FLIPLOCK SAFETY SYRINGES 3ML/21GX1-1/2"	F	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 18GX1"	F	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 18GX1-1/2"	F	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 19GX1"	F	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 22GX1-1/2"	F	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 25GX1"	F	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 25GX1-1/2"	F	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
EASY TOUCH HYPODERMIC NEEDLES 25GX5/8"	F	RX/OTC
EASY TOUCH HYPODERMIC NEEDLES 27GX1/2"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/20G X 1"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/22G X 1-1/2"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/23G X 1"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/25G X 1"	F	RX/OTC
EASY TOUCH SAFETY SYRINGE/3ML/25G X 5/8"	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/21GX1-1/2"	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1"	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/22GX1-1/2"	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/23GX1"	F	RX/OTC
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX1"	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH SHEATHLOCK SAFETY SYRINGE 3ML/25GX5/8"	F	RX/OTC
EASY TOUCH TUBERCULIN FLIPLOCK SAFETY SYRINGE 1ML/27GX1/2" MISC	F	RX/OTC
EASY TOUCH TUBERCULIN FLIPLOCK SAFETY SYRINGE 1ML/28GX1/2" MISC	F	RX/OTC
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/25GX5/8" MISC	F	RX/OTC
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/27GX1/2" MISC	F	RX/OTC
EASY TOUCH TUBERCULIN SHEATHLOCK SAFETY SYRINGE 1ML/28GX1/2" MISC	F	RX/OTC
EASYPOINT NEEDLE 25G X 1"	F	RX/OTC
EASYPOINT NEEDLE 25G X 5/8"	F	RX/OTC
EASYPOINT NEEDLE 25GX1-1/2"	F	RX/OTC
EASYPOINT NEEDLE/18G X 1"	F	RX/OTC
EASYPOINT NEEDLE/18G X 1-1/2"	F	RX/OTC
EASYPOINT NEEDLE/22G X 1-1/2"	F	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/18G X 1-1/2"	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
EASYPOINT NEEDLE/SYRINGE 3ML/23 G X 1"	F	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/25G X 1"	F	RX/OTC
EASYPOINT NEEDLE/SYRINGE 3ML/25G X 5/8"	F	RX/OTC
HUBER NEEDLE/RIGHT ANGLE19G X 1"	F	RX/OTC
HUBER NEEDLE/RIGHT ANGLE22G X 1-1/2"	F	RX/OTC
HUBER NEEDLE/STRAIGHT 22GX1-1/2"	F	RX/OTC
HYPODERMIC NEEDLE 18G X 1"	F	RX/OTC
HYPODERMIC NEEDLE 18G X 1-1/2"	F	RX/OTC
HYPODERMIC NEEDLE 19G X 1"	F	RX/OTC
HYPODERMIC NEEDLE 22GX1-1/2"	F	RX/OTC
HYPODERMIC NEEDLE 25GX1"	F	RX/OTC
HYPODERMIC NEEDLE 25GX1-1/2"	F	RX/OTC
HYPODERMIC NEEDLE 25GX5/8"	F	RX/OTC
HYPODERMIC NEEDLE 27GX1/2"	F	RX/OTC
HYPODERMIC NEEDLES 18GX1"	F	RX/OTC
HYPODERMIC NEEDLES 18GX1-1/2"	F	RX/OTC
HYPODERMIC NEEDLES 19GX1"	F	RX/OTC
HYPODERMIC NEEDLES 22GX1-1/2"	F	RX/OTC
HYPODERMIC NEEDLES 25GX1-1/2"	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
HYPODERMIC NEEDLES 25GX5/8"	F	RX/OTC
HYPODERMIC NEEDLES 27GX1/2"	F	RX/OTC
INSULIN SYRINGES	F	
MAGELLAN TUBERCULIN SAFETY SYRINGE/1ML/27G X 1/2" MISC	F	RX/OTC
MAGELLAN TUBERCULIN SAFETY SYRINGE/1ML/28G X 1/2" MISC	F	RX/OTC
MONOJECT 1ML LUER LOCK TUBERCULIN SYRINGE/TIP CAP	F	RX/OTC
MONOJECT 3ML SYRINGE/STANDARD HYPODERMIC NEEDLE/21GX1-1/2"	F	RX/OTC
MONOJECT BLUNTIP SYRINGE/3ML/CANNULA/IV ACCESS	F	RX/OTC
MONOJECT HYPO/ALUM HUB/18G X 1-1/2"	F	RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/INTM BEVEL/27G X 1/2"	F	RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/18G X 1"	F	RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/22G X 1-1/2"	F	RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/REG BEVEL/25G X 5/8"	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/18G X 1"	F	RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/SHORT BEVEL/18G X 1-1/2"	F	RX/OTC
MONOJECT HYPO/ALUM HUB/LUER LOCK/SPEC BEVEL/19G TW X 1"	F	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/18G X 1"	F	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/18G X 1-1/2"	F	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/BEVEL/25G X 1-1/2"	F	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/INTM BEVEL/25G X 5/8"	F	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/19G TW X 1"	F	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/REG BEVEL/25G X 1"	F	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/18G X 1"	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/18G X 1-1/2"	F	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/19G TW X 1"	F	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/LL/SHORT BEVEL/22G X 1-1/2"	F	RX/OTC
MONOJECT HYPO/POLYPROPYLENE HUB/REG BEVEL/27G X 1/2"	F	RX/OTC
MONOJECT HYPODERMIC NEEDLE 18G X 1"	F	RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 18GX1"	F	RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 18GX1-1/2"	F	RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 19GX1"	F	RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 22GX1-1/2"	F	RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 25GX1"	F	RX/OTC
MONOJECT MAGELLAN SAFETYNEEDLE 25GX5/8"	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/20G X 1"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/21G X 1-1/2"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/22G X 1-1/2"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/23G X 1"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 1"	F	RX/OTC
MONOJECT MAGELLAN SYRINGE/SAFETY NEEDLE/3ML/25G X 5/8"	F	RX/OTC
MONOJECT PHARMACY TRAY/LUER LOCK/3ML	F	RX/OTC
MONOJECT PHARMACY TRAY/REG LUER/1ML	F	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/22G X1-1/2"	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE HUB/18GX1"	F	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE HUB/19GX1"	F	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/18GX1-1/2"	F	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/22GX1-1/2"	F	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/25GX1"	F	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/25GX1-1/2"	F	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/25GX5/8"	F	RX/OTC
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/27GX1/2"	F	RX/OTC
MONOJECT SYRINGE PHARMACY TRAY/1ML LUER LOCK	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE/LUER LOCK/3ML	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1"	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1"	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/23G X 1"	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 1"	F	RX/OTC
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 5/8"	F	RX/OTC
MONOJECT SYRINGE/LUER-LOCK TIP/3ML	F	RX/OTC
MONOJECT SYRINGE/LUER-LOCK/3ML/21G X 1-1/2"	F	RX/OTC
MONOJECT SYRINGE/REG LUER/3ML	F	RX/OTC
MONOJECT SYRINGE/REGULARTIP/3ML	F	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/20GX1"	F	RX/OTC
MONOJECT SYRINGE/STANDARDHYPODERMIC NEEDLE/3ML/22GX1"	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT SYRINGE/STANDARDH YPODERMIC NEEDLE/3ML/22GX1-1/2"	F	RX/OTC
MONOJECT SYRINGE/STANDARDH YPODERMIC NEEDLE/3ML/23GX1"	F	RX/OTC
MONOJECT SYRINGE/STANDARDH YPODERMIC NEEDLE/3ML/25GX1"	F	RX/OTC
MONOJECT SYRINGE/STANDARDH YPODERMIC NEEDLE/3ML/25GX5/8"	F	RX/OTC
MONOJECT TB SYRINGE-NDL 1ML 27GX1/2" MISC	F	RX/OTC
MONOJECT TUBERCULIN SAFETY SYRINGE/1ML/25G X 5/8" MISC	F	RX/OTC
MONOJECT TUBERCULIN SAFETY SYRINGE/1ML/28G X 1/2" MISC	F	RX/OTC
MONOJECT TUBERCULIN SYRINGE SOFTPACK 1ML REGULAR LUER TIP	F	RX/OTC
MONOJECT TUBERCULIN SYRINGE/1ML/25GX5/8" MISC	F	RX/OTC
MONOJECT TUBERCULIN SYRINGE/1ML/28G X 1/2" MISC	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
MONOJECT TUBERCULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8" MISC	F	RX/OTC
MONOJECT TUBERCULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2" MISC	F	RX/OTC
MONOJECT TUBERCULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2" MISC	F	RX/OTC
MONOJECT TUBERCULIN SYRINGE/WITHOUT NEEDLE/REG LUER/1ML	F	RX/OTC
MULTI-DRAW NEEDLE 22GX1-1/2"	F	RX/OTC
NORM-JECT TUBERKULIN 1MLLUER SLIP	F	RX/OTC
PATIENT SAFE SYRINGE 3ML	F	RX/OTC
POLY HUB NEEDLE/18G X 1"	F	RX/OTC
POLY HUB NEEDLE/18G X 1-1-1/2"	F	RX/OTC
POLY HUB NEEDLE/22G X 1-1/2"	F	RX/OTC
POLY HUB NEEDLE/25G X 1"	F	RX/OTC
POLY HUB NEEDLE/25G X 1-1/2"	F	RX/OTC
POLY HUB NEEDLE/25G X 5/8"	F	RX/OTC
POLY HUB NEEDLE/27G X 1/2"	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SAFESNAP ALLERGY SYRINGE/1ML/27G X 1/2" MISC	F	RX/OTC
SAFESNAP SYRINGE/3ML	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML /20G X 1"	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML /21G X 1-1/2"	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML /22G X 1"	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML /22G X 1-1/2"	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML /23G X 1"	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML /23G X 1-1/2"	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML /25G X 1"	F	RX/OTC
SAFESNAP SYRINGE/NEEDLE/3ML /25G X 5/8"	F	RX/OTC
SAFESNAP TUBERCULIN SYRINGE/1ML/25G X 5/8" MISC	F	RX/OTC
SAFESNAP TUBERCULIN SYRINGE/1ML/27G X 1/2" MISC	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/20GX1"	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/21GX1-1/2"	F	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
SAFETY SYRINGES/NEEDLE 3ML/22GX1"	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/22GX1-1/2"	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/23GX1"	F	RX/OTC
SAFETY SYRINGES/NEEDLE 3ML/25GX5/8"	F	RX/OTC
SECURESAFE SAFETY HYPODERMIC NEEDLE/18G X 1"	F	RX/OTC
SECURESAFE SAFETY HYPODERMIC NEEDLE/18G X 1-1/2"	F	RX/OTC
SECURESAFE SAFETY HYPODERMIC NEEDLE/19G X 1"	F	RX/OTC
SECURESAFE SAFETY HYPODERMIC NEEDLE/22G X 1-1/2"	F	RX/OTC
SECURESAFE SAFETY HYPODERMIC NEEDLE/25G X 1-1/2"	F	RX/OTC
SECURESAFE SAFETY HYPODERMIC NEEDLE/25G X 5/8"	F	RX/OTC
SECURESAFE SAFETY HYPODERMIC NEEDLE/27G X 1/2"	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML /20G X 1"	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML /21G X 1-1/2"	F	RX/OTC
SECURESAFE SYRINGE/NEEDLE/3ML /22G X 1"	F	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
SECURES SAFE SYRINGE/NEEDLE/3ML /22G X 1-1/2"	F	RX/OTC
SECURES SAFE SYRINGE/NEEDLE/3ML /23G X 1"	F	RX/OTC
SECURES SAFE SYRINGE/NEEDLE/3ML /25G X 5/8"	F	RX/OTC
SECURES SAFE TUBERCULIN INSULIN SYRINGE/1ML/25G X 5/8" MISC	F	RX/OTC
SECURES SAFE TUBERCULIN INSULIN SYRINGE/1ML/27G X 1/2" MISC	F	RX/OTC
SYRINGE/LUER LOCK/3ML	F	RX/OTC
SYRINGE/LUER LOCK/3ML/20G X 1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/21G X 1-1/2"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/21GX1-1/2 "	F	RX/OTC
SYRINGE/LUER LOCK/3ML/22G X 1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/22G X 1-1/2"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/22GX1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/22GX1-1/2 "	F	RX/OTC
SYRINGE/LUER LOCK/3ML/23G X 1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/23G X 1-1/2"	F	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
SYRINGE/LUER LOCK/3ML/23GX1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25G X 1-1/2"	F	
SYRINGE/LUER LOCK/3ML/25G X 5/8"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25GX1"	F	RX/OTC
SYRINGE/LUER LOCK/3ML/25GX5/8"	F	RX/OTC
SYRINGE/LUER SLIP/1ML	F	RX/OTC
SYRINGE/LUER SLIP/3ML	F	RX/OTC
SYRINGES/LUER LOCK/1ML/20GX1"	F	RX/OTC
SYRINGES/LUER LOCK/WITHOUT NEEDLE/3ML	F	RX/OTC
SYRINGES/LUER SLIP/WITHOUT NEEDLE/1ML	F	RX/OTC
ULTICARE SYRINGE/LOW DEADSPACE/3ML/22G X1-1/2"	F	RX/OTC
ULTICARE TUBERCULIN SAFETY SYRINGE/1ML/25G X 5/8" MISC	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/20GX1"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/21GX1-1/2"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/22GX1"	F	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
VANISHPOINT SAFETY SYRINGE/3ML/22GX1-1/2"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/23GX1"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/23GX1-1/2"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/25GX1"	F	RX/OTC
VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2"	F	
VANISHPOINT SAFETY SYRINGE/3ML/25GX5/8"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/20G X 1"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/21G X 1-1/2"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/22G X 1"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/22G X 1-1/2"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/23G X 1"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/23G X 1-1/2"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/25G X 1"	F	RX/OTC
VANISHPOINT SYRINGE/3ML/25G X 1-1/2"	F	

Drug Name	Drug Tier	Requirement s/Limits
VANISHPOINT SYRINGE/3ML/25G X 5/8"	F	RX/OTC
VANISHPOINT TUBERCULIN SYRINGE 1ML/25G X 5/8" MISC	F	RX/OTC
VANISHPOINT TUBERCULIN SYRINGE 1ML/27GX1/2" MISC	F	RX/OTC
Respiratory Therapy Supplies		
SPACER/AEROCHAMBER	F	Limit 2 per year
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches		
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag		
AIMOVIG	F	QL(1 ml daily);SP;PA
AJOVY SOAJ	F	SP;PA
AJOVY SOSY	F	SP;PA
EMGALITY SOSY 120 MG/ML	F	QL(1 ml daily);SP;PA
EMGALITY SOAJ	F	QL(1 ml daily);SP;PA
UBRELVY	F	QL(8 ea per 30 days retail);PA
Migraine Combinations		
CAFERGOT TABS (<i>Use ergotamine w/ caffeine</i>)	F	10 per month;QL(0.34 ea daily)
<i>ergotamine w/ caffeine supp</i>	F	12 per month
Serotonin Agonists		
AMERGE (<i>Use naratriptan hcl</i>)	NF	9 per month;;QL(0.3 ea daily)
IMITREX SOLN 6 MG/0.5ML (<i>Use sumatriptan succinate</i>)	NF	2 doses (1ml) per month;QL(0.034 ml daily)

Drug Name	Drug Tier	Requirement s/Limits
IMITREX TABS (Use sumatriptan succinate)	NF	9 per month;QL(0.3 ea daily)
IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	F	Limit 6 per month;QL(0.2 ea daily)
IMITREX STATDOSE REFILL SOCT (Use sumatriptan succinate)	NF	2 doses (1ml) per month;QL(0.034 ml daily)
IMITREX STATDOSE SYSTEM SOAJ (Use sumatriptan succinate)	NF	Max 1 device per 90 days; Use refill cartridges;QL(1 ml per 90 days retail)
MAXALT TABS 10 MG (Use rizatriptan benzoate)	NF	9 per month.;QL(0.3 ea daily)
MAXALT-MLT TBDP 10 MG (Use rizatriptan benzoate)	NF	9 per month.;QL(0.3 ea daily)
naratriptan hcl	F	9 per month;;QL(0.3 ea daily)
rizatriptan benzoate tbdp	F	9 per month.;QL(0.3 ea daily)
rizatriptan benzoate tabs	F	9 per month.;QL(0.3 ea daily)
sumatriptan succinate soaj	F	Max 1 device per 90 days; Use refill cartridges;QL(1 ml per 90 days retail)
sumatriptan succinate soct	F	2 doses (1ml) per month;QL(0.034 ml daily)
sumatriptan succinate soln 6 MG/0.5ML	F	2 doses (1ml) per month;QL(0.034 ml daily)

Drug Name	Drug Tier	Requirement s/Limits
sumatriptan succinate tabs	F	9 per month;QL(0.3 ea daily)
sumatriptan succinate tabs 25 MG, 50 MG	F	QL(0.3 ea daily)
zolmitriptan tbdp	F	9 per month;;QL(0.3 ea daily)
zolmitriptan tabs	F	9 per month;;QL(0.3 ea daily)
ZOMIG SOLN (Use zolmitriptan)	F	
ZOMIG TABS 2.5 MG, 5 MG (Use zolmitriptan)	NF	9 per month;;QL(0.3 ea daily)
ZOMIG ZMT TBDP (Use zolmitriptan)	NF	9 per month;;QL(0.3 ea daily)

MINERALS & ELECTROLYTES

Calcium

CAL-CITRATE CAPS	F	
calcium tabs	F	
CALCIUM CAPS	F	
CALCIUM TABS 600 MG-200 UNIT	F	
CALCIUM 600+D HIGH POTENCY TABS	F	
CALCIUM ACETATE	F	
calcium carbonate tabs 500 MG, 600 MG, 1250 MG, 1500 MG	F	
CALCIUM CARBONATE CHEW	F	
calcium carbonate-cholecalciferol tabs 500 MG-10 MCG	F	
calcium carbonate-vitamin d tabs 200 UNIT-600 MG	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>calcium carbonate- vitamin d caps</i>	F	
<i>calcium citrate tabs</i>	F	
CALCIUM CITRATE TABS 250 MG, 1040 MG	F	
<i>calcium citrate- vitamin d tabs 250 MG-200 UNIT</i>	F	
CALCIUM GLUCONATE TABS 50 MG	F	
CALCIUM LACTATE TABS 100 MG, 750 MG	F	
CALCIUM/VITAMIN D TABS	F	
CAL-MINT CHEW	F	
CHELATED CALCIUM TABS 200 MG	F	
CHEWABLE CALCIUM/D3 WAFR	F	
<i>oyster shell</i>	F	
OYSTER SHELL CALCIUM 500+ D TABS	F	
OYSTER SHELL CALCIUM/D TABS	F	
RA CALCIUM TABS	F	
Electrolyte Mixtures		
BIOLYTE SOLN	F	
CERASPORT SOLN	F	
CERASPORT EX1 SOLN	F	
ENFAMIL ENFALYTE SOLN	F	
EQUALYTE SOLN (<i>Use oral electrolytes</i>)	NF	
HYDRALYTE SOLN	F	
HYDRALYTE FREEZER POPS SOLN	F	
KINDERLYTE SOLN	F	

Drug Name	Drug Tier	Requirement s/Limits
KINDERLYTE PREMAX SOLN	F	
<i>oral electrolytes soln</i>	F	
PEDIALYTE SOLN (<i>Use oral electrolytes</i>)	NF	
PEDIALYTE ADVANCED CARE SOLN (<i>Use oral electrolytes</i>)	NF	
PEDIALYTE FREEZER POPS SOLN (<i>Use oral electrolytes</i>)	NF	
PEDIALYTE SINGLES SOLN (<i>Use oral electrolytes</i>)	NF	
Fluoride		
<i>sodium fluoride tabs</i>	F	
<i>sodium fluoride chew .25 MG, .5 MG, 1 MG, 2.2 MG</i>	F	
<i>sodium fluoride soln .5 MG/ML</i>	F	RX/OTC
Magnesium		
MAG-200 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NF	
MAGNESIUM CAPS 400 MG	F	
MAGNESIUM EXTRA STRENGTH CAPS	F	
<i>magnesium oxide (mg supplement) caps</i>	F	
<i>magnesium oxide (mg supplement) tabs 200 MG, 250 MG, 400 MG, 500 MG</i>	F	
MAGOX 400 TABS (<i>Use magnesium oxide (mg supplement)</i>)	NF	
Mineral Combinations		

Drug Name	Drug Tier	Requirements/Limits
BONE ESSENTIALS CAPS	F	
CALCIUM & VITAMIN D3 BONEHEALTH LIQD	F	
CAL-MAG-K CHELA MAX CAPS	F	
MULTI-MINERALS TABS	F	
<i>multiple minerals tabs</i>	F	
NF FORMULAS CALCIUM MAGNESIUM LIQD	F	
NUTRA-SUPPORT BONE CAPS	F	
Phosphate		
K-PHOS NEUTRAL (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)	NF	
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	F	
Potassium		
K-TAB TBCR 10 MEQ, 20 MEQ (Use potassium chloride)	NF	
K-TAB TBCR 8 MEQ (Use potassium chloride)	F	
POTASSIUM	F	
<i>potassium chloride pack or 20 MEQ</i>	F	
<i>potassium chloride tbc 8 MEQ</i>	F	
<i>potassium chloride soln or 10 %, 20 %</i>	F	
<i>potassium chloride cpcr</i>	F	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM CHLORIDE SOLN IV (Use potassium chloride)	NF	
POTASSIUM CHLORIDE GRAN	F	RX/OTC
<i>potassium chloride microencapsulated crystals er 15 MEQ</i>	F	
Sodium		
<i>sodium chloride soln iv .9 %</i>	F	
MISCELLANEOUS THERAPEUTIC CLASSES		
Chelating Agents		
CUPRIMINE CAPS (Use penicillamine)	NF	
<i>penicillamine caps</i>	F	
Immunomodulators		
<i>lenalidomide</i>	F	SP;PA
REVLIMID	F	SP;PA
THALOMID	F	SP;MP;PA
Immunosuppressive Agents		
ASTAGRAF XL CP24	F	
<i>azathioprine tabs 50 MG</i>	F	
CELLCEPT TABS (Use mycophenolate mofetil)	NF	
CELLCEPT CAPS (Use mycophenolate mofetil)	NF	
CELLCEPT SUSR (Use mycophenolate mofetil)	NF	
<i>cyclosporine caps</i>	F	
<i>cyclosporine modified (for microemulsion) caps</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>cyclosporine modified (for microemulsion) soln</i>	F	
<i>everolimus (immunosuppressant)</i>	F	PA
IMURAN TABS (Use azathioprine)	NF	
<i>mycophenolate mofetil caps</i>	F	
<i>mycophenolate mofetil tabs</i>	F	
<i>mycophenolate mofetil susr</i>	F	
NEORAL CAPS (Use cyclosporine modified (for microemulsion))	NF	
NEORAL SOLN (Use cyclosporine modified (for microemulsion))	NF	
PROGRAF CAPS (Use tacrolimus)	NF	
RAPAMUNE SOLN (Use sirolimus)	NF	
RAPAMUNE TABS (Use sirolimus)	NF	QL(1 ea daily)
SANDIMMUNE CAPS (Use cyclosporine)	NF	
SANDIMMUNE SOLN OR	F	
<i>sirolimus tabs</i>	F	QL(1 ea daily)
<i>sirolimus soln</i>	F	
<i>tacrolimus caps</i>	F	
ZORTRESS (Use everolimus (immunosuppressant))	NF	PA
Potassium Removing Agents		
<i>sodium polystyrene sulfonate susp or 15 GM/60ML</i>	F	
<i>sodium polystyrene sulfonate powd</i>	F	

Drug Name	Drug Tier	Requirements/Limits
MOUTH/THROAT/DENTAL AGENTS		
Anesthetics Topical Oral		
<i>lidocaine hcl (mouth-throat) 2 %</i>	F	QL(100 ml per 30 days retail)
Anti-infectives - Throat		
<i>clotrimazole</i>	F	
<i>nystatin (mouth-throat)</i>	F	
Antiseptics - Mouth/Throat		
<i>chlorhexidine gluconate (mouth-throat)</i>	F	
PERIDEX (Use chlorhexidine gluconate (mouth-throat))	NF	
Steroids - Mouth/Throat/Dental		
<i>triamcinolone acetonide (mouth)</i>	F	
Throat Products - Misc.		
AQUORAL SOLN	F	RX/OTC
BIOTENE DRY MOUTH MOISTURIZING SPRAY SOLN	F	RX/OTC
CAPHOSOL SOLN	F	RX/OTC
CVS DRY MOUTH SPRAY SOLN	F	RX/OTC
EQL DRY MOUTH ORAL RINSE SOLN	F	RX/OTC
MOI-STIR SOLN	F	RX/OTC
MOUTH KOTE SOLN	F	RX/OTC
MOUTH KOTE REMINT SOLN	F	RX/OTC
NUMOISYN LIQD	F	RX/OTC
ORAL RELIEF SPRAY FOR DRYMOUTH & DISCOMFORT SOLN	F	RX/OTC
RA DRY MOUTH SOLN	F	RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
XEROSTOMIA RELIEF SPRAY SOLN	F	RX/OTC
MULTIVITAMINS		
B-Complex w/ Folic Acid		
<i>b-complex w/ c & folic acid caps</i>	F	RX/OTC
Multivitamins		
MULTIVITAMINS /W MINERALS	F	
Ped MV w/ Iron		
BPROTECTED PEDIA POLY-VITE/IRON SOLN	F	
PC PEDIATRIC POLY-VITAMIN DROPS/IRON SOLN	F	
POLY-VITA/IRON SOLN	F	
Pediatric Multiple Vitamins		
BPROTECTED PEDIA POLY-VITE SOLN OR	F	
MULTIVITAMIN INFANT & TODDLER SOLN OR	F	
MULTIVITAMIN INFANT/TODDLER SOLN OR	F	
PC PEDIATRIC POLY-VITAMIN DROPS SOLN OR	F	
POLY-VI-SOL SOLN OR	F	
POLY-VITA SOLN OR	F	
POLY-VITE PEDIATRIC SOLN OR	F	
Prenatal Vitamins		
CLASSIC PRENATAL TABS	Z	MP
COMPLETENATE CHEW	Z	MP
CO-NATAL FA TABS	Z	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
CVS PRENATAL TABS 4000 UNIT-100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-27 MG-1.5 MG-25 MG-263 MG-11 UNIT	F	MP
EQL PRENATAL FORMULA TABS	Z	MP
GNP PRENATAL TABS	Z	MP
GOODSENSE PRENATAL VITAMINS TABS	Z	MP
JENLIVA PRENATAL/POSTNATAL CAPS	Z	MP
KP PRENATAL MULTIVITAMINS TABS	Z	MP
KPN PRENATAL TABS	Z	MP
MASONATAL TABS	Z	MP
M-NATAL PLUS TABS	Z	MP;RX/OTC
MULTI PRENATAL TABS	F	MP
NATALVIT TABS	Z	MP
NEONATAL COMPLETE TABS	Z	MP;RX/OTC
NEONATAL PLUS TABS	Z	MP;RX/OTC
NEONATAL VITAMIN TABS	F	MP
NIVA-PLUS TABS	Z	MP;RX/OTC
O-CAL PRENATAL TABS	Z	MP
ONE VITE WOMENS PRENATALVITAMIN TABS	F	MP
ONE VITE WOMENS PRENATALVITAMIN PLUS TABS	Z	MP;RX/OTC
ONE-A-DAY WOMENS PRENATAL MISC	Z	MP

Drug Name	Drug Tier	Requirements/Limits
PERRY PRENATAL CAPS	Z	MP
PNV TABS 29-1	Z	MP
PRENATABS FA TABS	Z	MP;RX/OTC
PRENATAL TABS 11 UNIT-100 MG-2.6 MG-0.8 MG-400 UNIT-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.5 MG-25 MG-263 MG, 160 MG-100 MG-2.6 MG-800 MCG-400 UNIT-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-1.84 MG-25 MG-200 MG-11 UNIT, 200 MG-100 MG-2.6 MG-5 MG-800 MCG-10 MCG-4 MCG-1.7 MG-18 MG-1200 MCG-27 MG-1.5 MG-25 MG	F	MP

Drug Name	Drug Tier	Requirements/Limits
PRENATAL TABS 30 UNIT-120 MG-2.6 MG-0.8 MG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT, 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT, 4000 UNIT-100 MG-2.6 MG-0.8 MG-400 UNIT-4 MCG-1.7 MG-18 MG-1.84 MG-25 MG-27 MG-11 UNIT-200 MG, 4000 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-1.8 MG-25 MG-200 MG-30 UNIT, 4000 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-30 UNIT	Z	MP
PRENATAL TABS 10 MG-120 MG-10 MG-1 MG-10 MCG-12 MCG-3 MG-20 MG-1200 MCG-27 MG-200 MG-1.84 MG-25 MG-2 MG	Z	MP;RX/OTC
PRENATAL 19 CHEW	Z	MP
PRENATAL 19 TABS	Z	MP;RX/OTC
PRENATAL AND IRON TABS	Z	MP;RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
PRENATAL FORTE TABS	Z	MP;RX/OTC
PRENATAL LOW IRON TABS 25 MG-100 MG-2.6 MG-11 MG-0.8 MG-400 UNIT-4 MCG-1.7 MG-18 MG-4000 UNIT-27 MG-200 MG-1.5 MG	F	MP
PRENATAL MULTIVITAMIN TABS	Z	MP
PRENATAL ONE DAILY TABS	F	MP
PRENATAL PLUS TABS	Z	MP;RX/OTC
PRENATAL PLUS IRON	Z	MP
PRENATAL PLUS VITAMIN ANDMINERAL TABS	Z	MP;RX/OTC
<i>prenatal vit w/ docusate-iron carbonyl-folic acid tabs</i>	Z	MP
<i>prenatal vit w/ ferrous fumarate-folic acid tabs 22 MG-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</i>	F	MP
<i>prenatal vit w/ iron carbonyl-folic acid 29 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</i>	Z	MP
PRENATAL VITAMIN TABS	F	MP

Drug Name	Drug Tier	Requirement s/Limits
PRENATAL VITAMIN & MINERAL TABS	Z	MP
PRENATAL VITAMIN/IRON TABS	Z	MP
PRENATAL VITAMINS TABS 30 UNIT-120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT	Z	MP
PRENATAL VITAMINS PLUS LOW IRON TABS	Z	MP;RX/OTC
PRENATAL-U CAPS	Z	MP
PRENATRIX TABS	Z	MP;RX/OTC
PRENATRYL TABS	Z	MP;RX/OTC
PRENATVITE RX TABS	Z	MP;RX/OTC
PREPLUS TABS	Z	MP;RX/OTC
PRETAB TABS	Z	MP;RX/OTC
PX PRENATAL MULTIVITAMINS TABS	Z	MP
QC PRENATAL TABS	Z	MP
RA PRENATAL TABS	Z	MP
RA PRENATAL FORMULA/FOLICACID TABS	Z	MP
RIGHT STEP PRENATAL TABS	F	MP
SE-NATAL 19 TABS	Z	MP;RX/OTC
SE-NATAL 19 CHEW	Z	MP
SM ONE DAILY PRENATAL MISC	Z	MP
SM PRENATAL VITAMINS TABS	Z	MP
THERANATAL CORE NUTRITION TABS	Z	MP;RX/OTC
THRIVITE RX	Z	MP

Drug Name	Drug Tier	Requirement s/Limits
TRICARE TABS	Z	MP;RX/OTC
TRINATAL RX 1 TABS	Z	MP
VINATE ONE TABS	Z	MP
VITAFOL-OB TABS	Z	MP
VITATHELY/GINGER TABS	Z	MP;RX/OTC
VOL-PLUS TABS	Z	MP;RX/OTC
VOL-TAB RX	Z	MP
WESTAB PLUS TABS	Z	MP;RX/OTC
MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		
Central Muscle Relaxants		
<i>baclofen tabs 10 MG, 20 MG</i>	F	
<i>cyclobenzaprine hcl tabs 5 MG, 10 MG</i>	F	
<i>methocarbamol tabs</i>	F	
ROBAXIN-750 TABS (Use methocarbamol)	NF	
<i>tizanidine hcl tabs</i>	F	
ZANAFLEX TABS 4 MG (Use tizanidine hcl)	NF	
Direct Muscle Relaxants		
DANTRIUM CAPS 25 MG, 50 MG (Use dantrolene sodium)	NF	
<i>dantrolene sodium caps 25 MG, 100 MG</i>	F	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agents - Misc.		
LITTLE REMEDIES SALINE SPRAY/DROPS SOLN	F	
OCEAN NASAL SPRAY SOLN (Use saline)	NF	
<i>saline soln .65 %</i>	F	

Drug Name	Drug Tier	Requirement s/Limits
Nasal Antiallergy		
<i>azelastine hcl .1 %, 137 MCG/SPRAY</i>	F	
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	F	
NASALCROM (Use cromolyn sodium (nasal))	NF	
Nasal Anticholinergics		
<i>ipratropium bromide (nasal)</i>	F	
Nasal Steroids		
FLONASE ALLERGY RELIEF SUSP (Use fluticasone propionate (nasal))	NF	RX/OTC
FLONASE ALLERGY RELIEF CHILDRENS SUSP (Use fluticasone propionate (nasal))	NF	RX/OTC
<i>flunisolide (nasal) .025 %</i>	F	
<i>fluticasone propionate (nasal) susp</i>	F	RX/OTC
NASACORT ALLERGY 24HR AERO (Use triamcinolone acetonide (nasal))	NF	
NASACORT ALLERGY 24HR CHILDRENS AERO (Use triamcinolone acetonide (nasal))	NF	
<i>triamcinolone acetonide (nasal) aero</i>	F	
Sympathomimetic Decongestants		
<i>pseudoephedrine hcl tb12</i>	F	
<i>pseudoephedrine hcl liqd 15 MG/5ML</i>	F	

Drug Name	Drug Tier	Requirements/Limits
<i>pseudoephedrine hcl tabs 30 MG</i>	F	
SUDAFED CHILDRENS LIQD	F	
SUDAFED CONGESTION TABS (Use <i>pseudoephedrine hcl</i>)	NF	
SUDAFED SINUS CONGESTION TABS (Use <i>pseudoephedrine hcl</i>)	NF	
SUDAFED SINUS CONGESTION 24 HOUR TB24	F	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
RILUTEK TABS (Use <i>riluzole</i>)	NF	
<i>riluzole tabs</i>	F	
NUTRIENTS		
Misc. Nutritional Substances		
FISH OIL CHEW	F	
FISH OIL CAPS 525 MG-875 MG	F	
FISH OIL PEARLS CAPS 150 MG, 180 MG	F	
FISH OIL TRIPLE STRENGTH CAPS	F	
FISH OIL ULTRA CAPS	F	
OMEGA-3 CAPS 910 MG-308 MG-1400 MG-448 MG	F	
OMEGA-3 EPA FISH OIL CAPS	F	
<i>omega-3 fatty acids caps</i>	F	
<i>omega-3 fatty acids chew</i>	F	

Drug Name	Drug Tier	Requirements/Limits
OMEGA-3 FISH OIL EXTRA STRENGTH CAPS	F	
SALMON CAPS	F	
SALMON OIL-1000 CAPS	F	
SM FISH OIL CAPS	F	
SUPER TWIN EPA/DHA CAPS	F	
ULTRA OMEGA 3 CAPS	F	
ULTRA OMEGA-3 FISH OIL BURP-LESS CAPS	F	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
<i>artificial tear solution</i>	F	
<i>carboxymethylcellulose sodium (ophth) soln 0.4 %-0.3 %, .5 %</i>	F	
<i>carboxymethylcellulose sodium (ophth) gel</i>	F	
GENTEAL SEVERE GEL	F	
GENTEAL SEVERE TEARS GEL	F	
ISOPTO TEARS SOLN	F	
<i>polyethylene glycol-propylene glycol (ophth) soln 0.4 %-0.3 %</i>	F	
<i>polyvinyl alcohol 1.4 %</i>	F	
PURE & GENTLE LUBRICANT SOLN	F	
REFRESH LIQUIGEL GEL (Use <i>carboxymethylcellulose sodium (ophth)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
REFRESH TEARS SOLN (Use carboxymethylcellulose sodium (ophth))	NF	
SYSTANE SOLN (Use polyethylene glycol-propylene glycol (ophth))	NF	
SYSTANE ULTRA SOLN (Use polyethylene glycol-propylene glycol (ophth))	NF	
THERATEARS SOLN (Use carboxymethylcellulose sodium (ophth))	NF	
VISTA GEL GEL	F	
Beta-blockers - Ophthalmic		
betaxolol hcl (ophth) soln	F	
BETIMOL	F	
BETOPTIC-S SUSP	F	
carteolol hcl (ophth)	F	
COSOPT (Use dorzolamide hcl-timolol maleate)	NF	
dorzolamide hcl-timolol maleate	F	
ISTALOL SOLN (Use timolol maleate (ophth))	NF	
levobunolol hcl .5 %	F	
timolol maleate (ophth) soln	F	
timolol maleate (ophth) solg	F	
TIMOPTIC SOLN (Use timolol maleate (ophth))	NF	

Drug Name	Drug Tier	Requirements/Limits
TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	NF	
TIMOPTIC-XE SOLG (Use timolol maleate (ophth))	F	
Cycloplegic Mydriatics		
atropine sulfate (ophthalmic) soln	F	
atropine sulfate (ophthalmic) oint	F	
cyclopentolate hcl 1 %, 2 %	F	
homatropine hbr	F	
ISOPTO ATROPINE SOLN	F	
MYDRIACYL SOLN (Use tropicamide)	NF	
phenylephrine hcl (mydriatic) soln 2.5 %	F	QL(16 ml daily)
phenylephrine hcl (mydriatic) soln 10 %	F	
tropicamide soln	F	
Miotics		
ISOPTO CARPINE SOLN (Use pilocarpine hcl)	NF	
pilocarpine hcl soln 1 %, 2 %, 4 %	F	
Ophthalmic - Angiogenesis Inhibitors		
BEOVU SOSY	F	SP;PA
Ophthalmic Adrenergic Agents		
apraclonidine hcl	F	
brimonidine tartrate .2 %	F	
Ophthalmic Anti-infectives		
bacitracin (ophthalmic)	F	QL(4 gm per 7 days retail)

Drug Name	Drug Tier	Requirement s/Limits
<i>bacitracin-polymyxin b (ophth)</i>	F	
BLEPH-10 SOLN (Use <i>sulfacetamide sodium (ophth)</i>)	NF	
CILOXAN OINT	F	
CILOXAN SOLN (Use <i>ciprofloxacin hcl (ophth)</i>)	NF	
<i>ciprofloxacin hcl (ophth) soln</i>	F	
<i>erythromycin (ophth)</i>	F	
<i>gentamicin sulfate (ophth) soln</i>	F	
<i>gentamicin sulfate (ophth) oint</i>	F	
<i>levofloxacin (ophth)</i>	F	
MOXEZA SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>)	NF	
<i>moxifloxacin hcl (ophth) soln op</i>	F	
NATACYN	F	
<i>neomycin-bacitracin zn-polymyxin</i>	F	
<i>neomycin-polymyxin-gramicidin</i>	F	
OCUFLOX (Use <i>ofloxacin (ophth)</i>)	NF	
<i>ofloxacin (ophth)</i>	F	
<i>polymyxin b-trimethoprim</i>	F	
POLYTRIM (Use <i>polymyxin b-trimethoprim</i>)	NF	
<i>sulfacetamide sodium (ophth) oint</i>	F	
<i>sulfacetamide sodium (ophth) soln</i>	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>tobramycin (ophth) soln</i>	F	
TOBEX OINT	F	1 rtl pack lmt amt,7 rtl pack lmt day(s)
TOBEX SOLN (Use <i>tobramycin (ophth)</i>)	NF	
<i>trifluridine</i>	F	
VIGAMOX SOLN OP (Use <i>moxifloxacin hcl (ophth)</i>)	NF	
Ophthalmic Decongestants		
<i>naphazoline w/ pheniramine 0.027 %-0.315 %</i>	F	
NAPHCON-A (Use <i>naphazoline w/ pheniramine</i>)	NF	
OPCON-A (Use <i>naphazoline w/ pheniramine</i>)	NF	
<i>tetrahydrozoline hcl (ophth)</i>	F	
<i>tetrahydrozoline w/ zinc sulfate</i>	F	
<i>tetrahydrozoline-dextran-polyethylene glycol-povidone</i>	F	
VISINE RED EYE COMFORT (Use <i>tetrahydrozoline hcl (ophth)</i>)	NF	
Ophthalmic Local Anesthetics		
<i>tetracaine hcl (ophth)</i>	F	
Ophthalmic Steroids		
<i>bacitracin-poly-neomycin-hc</i>	F	
BLEPHAMIDE SUSP	F	
BLEPHAMIDE S.O.P. OINT	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>dexamethasone sodium phosphate (ophth)</i>	F	
<i>fluorometholone (ophth) susp</i>	F	
FML OINT	F	
FML FORTE SUSP	F	
FML LIQUIFILM SUSP (Use <i>fluorometholone (ophth)</i>)	NF	
MAXIDEX SUSP OP	F	
MAXITROL SUSP (Use <i>neomycin-polymy-dexameth</i>)	NF	
MAXITROL OINT (Use <i>neomycin-polymy-dexameth</i>)	NF	
<i>neomycin-polymy-dexameth oint</i>	F	
<i>neomycin-polymy-dexameth susp</i>	F	
<i>neomycin-polymyxin-hc (ophth)</i>	F	
PRED FORTE (Use <i>prednisolone acetate (ophth)</i>)	NF	
PRED MILD	F	
PRED-G SUSP	F	
PRED-G S.O.P. OINT	F	
<i>prednisolone acetate (ophth)</i>	F	
PREDNISOLONE ACETATE P-F	F	
PREDNISOLONE SODIUM PHOSPHATE	F	
<i>sulfacetamide sod-prednisolone soln</i>	F	
TOBRADEX SUSP (Use <i>tobramycin-dexamethasone</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
TOBRADEX OINT	F	QL(4 gm per 7 days retail)
TOBRADEX ST SUSP	F	
<i>tobramycin-dexamethasone susp</i>	F	
Ophthalmics - Misc.		
ACULAR (Use <i>ketorolac tromethamine (ophth)</i>)	NF	
ACULAR LS (Use <i>ketorolac tromethamine (ophth)</i>)	NF	
<i>azelastine hcl (ophth)</i>	F	
AZOPT (Use <i>brinzolamide</i>)	NF	PA
<i>brinzolamide</i>	F	PA
<i>cromolyn sodium (ophth)</i>	F	
<i>diclofenac sodium (ophth)</i>	F	
<i>dorzolamide hcl</i>	F	
DORZOLAMIDE HCL	F	
<i>flurbiprofen sodium</i>	F	
<i>ketorolac tromethamine (ophth)</i>	F	
<i>ketotifen fumarate (ophth) .025 %</i>	F	
MURO 128 SOLN (Use <i>sodium chloride hypertonic</i>)	NF	
<i>sodium chloride hypertonic soln</i>	F	
TRUSOPT (Use <i>dorzolamide hcl</i>)	NF	
ZADITOR (Use <i>ketotifen fumarate (ophth)</i>)	NF	
Prostaglandins - Ophthalmic		

Drug Name	Drug Tier	Requirement s/Limits
<i>latanoprost soln</i>	F	QL(2.5 ml per fill retail)
TRAVATAN Z (<i>Use travoprost</i>)	NF	PA
<i>travoprost</i>	F	PA
XALATAN SOLN (<i>Use latanoprost</i>)	NF	
ZIOPTAN	F	PA

OTIC AGENTS - Drugs to Treat the Ear

Otic Agents - Miscellaneous

<i>acetic acid (otic)</i>	F	
<i>carbamide peroxide (otic) 6.5 %</i>	F	
DEBROX 6.5 % (<i>Use carbamide peroxide (otic)</i>)	NF	

Otic Anti-infectives

<i>ofloxacin (otic)</i>	F	
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Otic Combinations

CIPRODEX (<i>Use ciprofloxacin-dexamethasone</i>)	F	
<i>neomycin-polymyxin-hc (otic) soln</i>	F	
<i>neomycin-polymyxin-hc (otic) susp</i>	F	

Otic Steroids

<i>hydrocortisone w/acetic acid</i>	F	
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OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding

Oxytocics

<i>methylergonovine maleate tabs</i>	F	
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PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System

Immune Serums

Drug Name	Drug Tier	Requirement s/Limits
FLEBOGAMMA DIF SOLN	F	SP;PA
GAMMAGARD LIQUID	F	SP;PA
GAMMAGARD S/D IGA LESS THAN 1MCG/ML SOLR	F	SP;PA
GAMMAKED 1 GM/10ML, 5 GM/50ML, 10 GM/100ML, 20 GM/200ML	F	SP;PA
GAMUNEX-C	F	SP;PA
PRIVIGEN SOLN	F	SP;PA
Monoclonal Antibodies		
SYNAGIS SOLN	F	SP;PA
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin caps</i>	F	
<i>amoxicillin susr</i>	F	
<i>amoxicillin tabs</i>	F	
<i>amoxicillin chew 125 MG, 250 MG</i>	F	
<i>ampicillin caps 500 MG</i>	F	
Natural Penicillins		
<i>penicillin v potassium solr</i>	F	
<i>penicillin v potassium tabs</i>	F	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate tabs</i>	F	
<i>amoxicillin & pot clavulanate chew</i>	F	
<i>amoxicillin & pot clavulanate susr</i>	F	

Drug Name	Drug Tier	Requirement s/Limits
<i>amoxicillin & pot clavulanate tb12</i>	F	
<i>ampicillin & sulbactam sodium iv 5 GM-10 GM</i>	F	
AUGMENTIN SUSR 250 MG/5ML-62.5 MG/5ML (Use <i>amoxicillin & pot clavulanate</i>)	NF	
AUGMENTIN SUSR 125 MG/5ML-31.25 MG/5ML	F	
AUGMENTIN TABS 500 MG-125 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	
AUGMENTIN ES-600 SUSR (Use <i>amoxicillin & pot clavulanate</i>)	NF	
<i>piperacillin sodium-tazobactam sodium</i>	F	
UNASYN IJ 0.5 GM-1 GM, 1 GM-2 GM (Use <i>ampicillin & sulbactam sodium</i>)	NF	
UNASYN BULK PACK IV (Use <i>ampicillin & sulbactam sodium</i>)	NF	
ZOSYN	F	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	F	
<i>oxacillin sodium iv 10 GM</i>	F	
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS (Use <i>norethindrone acetate</i>)	NF	
MAKENA SOAJ	F	SP;PA

Drug Name	Drug Tier	Requirement s/Limits
<i>medroxyprogesterone acetate 2.5 MG, 5 MG, 10 MG</i>	F	
<i>norethindrone acetate tabs</i>	F	
<i>progesterone caps</i>	F	QL(2 ea daily)
PROMETRIUM CAPS (Use <i>progesterone</i>)	NF	QL(2 ea daily)
PROVERA (Use <i>medroxyprogesterone acetate</i>)	NF	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium</i>	F	
ANTABUSE (Use <i>disulfiram</i>)	NF	
<i>disulfiram</i>	F	
Antidementia Agents		
ARICEPT TABS (Use <i>donepezil hydrochloride</i>)	NF	PA
<i>donepezil hydrochloride tabs</i>	F	PA
<i>donepezil hydrochloride tbdp</i>	F	PA
EXELON (Use <i>rivastigmine</i>)	NF	PA
<i>galantamine hydrobromide cp24</i>	F	PA
<i>galantamine hydrobromide tabs</i>	F	PA
<i>galantamine hydrobromide soln</i>	F	PA
<i>memantine hcl tabs</i>	F	QL(6 ea daily);PA
<i>memantine hcl soln</i>	F	PA
<i>memantine hcl tabs</i>	F	PA

Drug Name	Drug Tier	Requirements/Limits
NAMENDA TABS (<i>Use memantine hcl</i>)	NF	QL(6 ea daily);PA
NAMENDA TITRATION PAK TABS (<i>Use memantine hcl</i>)	NF	PA
RAZADYNE TABS 4 MG (<i>Use galantamine hydrobromide</i>)	NF	PA
RAZADYNE ER CP24 (<i>Use galantamine hydrobromide</i>)	NF	PA
<i>rivastigmine</i>	F	PA
<i>rivastigmine tartrate caps</i>	F	PA
Movement Disorder Drug Therapy		
INGREZZA CAPS	F	SP;PA
Multiple Sclerosis Agents		
AVONEX PSKT	F	SP;MP;PA
AVONEX PEN AJKT	F	SP;MP;PA
BETASERON KIT	F	SP;MP;PA
COPAXONE SOSY 20 MG/ML (<i>Use glatiramer acetate</i>)	F	SP;PA
COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NF	SP;MP
EXTAVIA KIT	F	SP;MP;PA
GILENYA	F	SP;MP;PA
GILENYA (<i>Use fingolimod hcl</i>)	NF	SP;MP;PA
<i>glatiramer acetate sosal 40 MG/ML</i>	F	SP;PA
REBIF SOSY	F	SP;MP;PA
REBIF REBIDOSE SOAJ	F	SP;MP;PA
REBIF REBIDOSE TITRATIONPACK SOAJ	F	SP;MP;PA
REBIF TITRATION PACK SOSY	F	SP;MP;PA

Drug Name	Drug Tier	Requirements/Limits
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents		
GRALISE TABS	F	PA
Psychotherapeutic and Neurological Agents - Misc.		
<i>pimozide</i>	F	AL(At least 6 yrs old)
Restless Leg Syndrome (RLS) Agents		
HORIZANT	F	PA
Smoking Deterrents		
APO-VARENICLINE TABS	F	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(2 ea daily)
<i>bupropion hcl (smoking deterrent)</i>	F	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(2 ea daily)
CHANTIX TABS (<i>Use varenicline tartrate</i>)	NF	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(2 ea daily)
CHANTIX CONTINUING MONTHPAK TABS (<i>Use varenicline tartrate</i>)	NF	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(2 ea daily)
CHANTIX STARTING MONTH PAK TABS (<i>Use varenicline tartrate</i>)	NF	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(2 ea daily)
NICODERM CQ PT24 (<i>Use nicotine</i>)	NF	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(1 ea daily)
NICORETTE GUM (<i>Use nicotine polacrilex</i>)	NF	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(24 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
NICORETTE LOZG (<i>Use nicotine polacrilex</i>)	NF	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(20 ea daily)
NICORETTE MINI LOZG (<i>Use nicotine polacrilex</i>)	NF	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(20 ea daily)
NICORETTE STARTER KIT GUM (<i>Use nicotine polacrilex</i>)	NF	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(24 ea daily)
<i>nicotine pt24 21 MG/24HR</i>	F	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(1 ea daily)
<i>nicotine polacrilex lozg</i>	F	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(20 ea daily)
<i>nicotine polacrilex gum</i>	F	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(24 ea daily)
NICOTINE TRANSDERMAL SYSTEM KIT	F	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(1 ea daily)
NICOTROL INHALER INHA	F	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(16.8 ea daily)
NICOTROL NS SOLN	F	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(4 ml daily)
<i>varenicline tartrate misc</i>	F	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(2 ea daily)
<i>varenicline tartrate tabs</i>	F	84 rtl MAX day(s) supply,180 rtl lmt day(s);QL(2 ea daily)

Drug Name	Drug Tier	Requirement s/Limits
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Alpha-Proteinase Inhibitor (Human)		
ARALAST NP SOLR 500 MG, 1000 MG	F	SP;PA
GLASSIA SOLN	F	SP;PA
PROLASTIN-C SOLR	F	SP;PA
ZEMAIRA SOLR	F	SP;PA
Cystic Fibrosis Agents		
PULMOZYME	F	SP;MP;PA
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine tabs</i>	F	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Tetracyclines		
<i>demeclocycline hcl tabs</i>	F	PA
<i>doxycycline (monohydrate) caps</i>	F	
<i>doxycycline hyclate caps</i>	F	
<i>doxycycline hyclate tabs 20 MG, 100 MG</i>	F	
<i>minocycline hcl caps</i>	F	
VIBRAMYCIN CAPS (<i>Use doxycycline hyclate</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole tabs</i>	F	
<i>propylthiouracil</i>	F	
TAPAZOLE TABS 10 MG (<i>Use methimazole</i>)	NF	

Drug Name	Drug Tier	Requirement s/Limits
Thyroid Hormones		
ARMOUR THYROID TABS 180 MG, 240 MG, 300 MG	F	MP
ARMOUR THYROID TABS 15 MG, 30 MG, 60 MG, 90 MG, 120 MG (Use thyroid)	NF	MP
CYTOMEL TABS (Use liothyronine sodium)	NF	MP
levothyroxine sodium tabs	F	MP
liothyronine sodium tabs	F	MP
SYNTHROID TABS (Use levothyroxine sodium)	NF	MP
thyroid tabs 120 MG	F	MP
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	F	Limit 1 dose per 10 years;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
BOOSTRIX SUSP	F	Limit 1 dose per 10 years;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
BOOSTRIX SUSY	F	Limit 1 dose per 10 years;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
DAPTACEL	F	Limit 1 dose per 10 years;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
TDVAX SUSP	F	Limit 1 dose per 10 years;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
TENIVAC INJ	F	Limit 1 dose per 10 years;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT SUSP	F	Limit 1 dose per 10 years;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
ANASPAZ TBDP (Use hyoscyamine sulfate)	NF	QL(4 ea daily)
CUVPOSA SOLN OR (Use glycopyrrolate)	NF	
dicyclomine hcl tabs	F	
dicyclomine hcl caps	F	
dicyclomine hcl soln or	F	
glycopyrrolate tabs 1 MG, 2 MG	F	
glycopyrrolate soln or 1 MG/5ML	F	
hyoscyamine sulfate soln or .125 MG/ML	F	QL(8 ml daily)
hyoscyamine sulfate tb12 .375 MG	F	QL(2 ea daily)

Drug Name	Drug Tier	Requirements/Limits
<i>hyoscyamine sulfate sublingual .125 MG</i>	F	QL(4 ea daily)
<i>hyoscyamine sulfate tablets .125 MG</i>	F	QL(4 ea daily)
<i>hyoscyamine sulfate elixir</i>	F	
<i>hyoscyamine sulfate transdermal .125 MG</i>	F	QL(4 ea daily)
LEVBID TB12 (Use <i>hyoscyamine sulfate</i>)	NF	QL(2 ea daily)
LEVSIN TABS (Use <i>hyoscyamine sulfate</i>)	NF	QL(4 ea daily)
LEVSIN/SL SUBLINGUAL (Use <i>hyoscyamine sulfate</i>)	NF	QL(4 ea daily)
<i>methscopolamine bromide</i>	F	
<i>propantheline bromide tablets</i>	F	
ROBINUL TABS (Use <i>glycopyrrolate</i>)	NF	
ROBINUL FORTE TABS (Use <i>glycopyrrolate</i>)	NF	
SYMAX DUOTAB TBCR	F	
H-2 Antagonists		
<i>famotidine suspension</i>	F	
<i>famotidine tablets</i>	F	
<i>famotidine tablets 10 MG, 20 MG</i>	F	RX/OTC
PEPCID TABS (Use <i>famotidine</i>)	NF	
PEPCID TABS (Use <i>famotidine</i>)	NF	RX/OTC
PEPCID AC TABS (Use <i>famotidine</i>)	NF	
PEPCID AC TABS (Use <i>famotidine</i>)	NF	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS (Use <i>famotidine</i>)	NF	RX/OTC
<i>ranitidine hcl tablets</i>	F	

Drug Name	Drug Tier	Requirements/Limits
Misc. Anti-Ulcer		
CARAFATE TABS (Use <i>sucralfate</i>)	NF	
<i>sucralfate tablets</i>	F	
Proton Pump Inhibitors		
<i>esomeprazole magnesium pack</i>	F	PA req age 19 and up. Use lansoprazole, omeprazole, esomeprazole caps. Max 1 per day;QL(1 ea daily);AL(Up to 18 yrs old)
<i>lansoprazole capsules</i>	F	Max 2 caps per day.;QL(2 ea daily)
<i>lansoprazole capsules</i>	F	Max 2 caps per day.;QL(2 ea daily);RX/OTC
<i>lansoprazole delayed release</i>	F	PA req age 19 and up. Use lansoprazole, omeprazole, esomeprazole caps. Max 2 tabs per day;QL(2 ea daily);AL(Up to 18 yrs old);RX/OTC
<i>lansoprazole delayed release</i>	F	PA req age 19 and up. Use lansoprazole, omeprazole, esomeprazole caps. Max 2 tabs per day;QL(2 ea daily);AL(Up to 18 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
NEXIUM PACK (Use esomeprazole magnesium)	NF	PA req age 19 and up. Use lansoprazole, omeprazole, esomeprazole caps. Max 1 per day;QL(1 ea daily);AL(Up to 18 yrs old)
omeprazole cpdr	F	Max 2 caps per day.;QL(2 ea daily);RX/OTC
omeprazole cpdr	F	Max 2 caps per day.;QL(2 ea daily)
pantoprazole sodium tbec	F	
PREVACID CPDR 15 MG (Use lansoprazole)	NF	RX/OTC
PREVACID CPDR 30 MG (Use lansoprazole)	NF	Max 2 caps per day.;QL(2 ea daily)
PREVACID 24HR CPDR (Use lansoprazole)	NF	RX/OTC
PREVACID SOLUTAB TBDD (Use lansoprazole)	NF	PA req age 19 and up. Use lansoprazole, omeprazole, esomeprazole caps. Max 2 tab per day;QL(2 ea daily);AL(Up to 18 yrs old)
PREVACID SOLUTAB TBDD (Use lansoprazole)	NF	PA req age 19 and up. Use lansoprazole, omeprazole, esomeprazole caps. Max 2 tab per day;QL(2 ea daily);AL(Up to 18 yrs old);RX/OTC

Drug Name	Drug Tier	Requirement s/Limits
PROTONIX TBEC (Use pantoprazole sodium)	NF	
PROTONIX PACK (Use pantoprazole sodium)	F	PA req age 19 and up. Use lansoprazole, omeprazole, esomeprazole caps. Max 1 per day;QL(1 ea daily);AL(Up to 18 yrs old)
Ulcer Drugs - Prostaglandins		
CYTOTEC (Use misoprostol)	NF	
misoprostol	F	
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms		
Urinary Antispasmodic - Antimuscarinics (Anticholinergic)		
DETROL TABS (Use tolterodine tartrate)	F	Try oxybutinin IR/ER or brand Detrol
DETROL LA CP24 (Use tolterodine tartrate)	F	
DITROPAN XL TB24 5 MG, 10 MG (Use oxybutynin chloride)	NF	QL(1 ea daily)
oxybutynin chloride tabs	F	
oxybutynin chloride syrp	F	
oxybutynin chloride tb24	F	QL(1 ea daily)
TOVIAZ (Use fesoterodine fumarate)	F	
Urinary Antispasmodics - Cholinergic Agonists		
bethanechol chloride	F	
VACCINES		

Drug Name	Drug Tier	Requirement s/Limits
Bacterial Vaccines		
BEXSERO	F	Limit 2 doses per lifetime;2 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
MENACTRA	F	Limit 1 dose per lifetime;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
MENQUADFI	F	Limit 1 dose per lifetime;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
MENVEO	F	Limit 1 dose per lifetime;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
PNEUMONIA VACCINE	F	AL
PNEUMOVAX 23	F	Limit 1 dose per lifetime;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
PNEUMOVAX 23/1 DOSE	F	Limit 1 dose per lifetime;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
PREVNAR 13	F	Limit 1 dose per lifetime;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
TRUMENBA	F	Limit 3 doses per lifetime;3 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
Viral Vaccines		
AFLURIA QUADRIVALENT 2020-2021 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
AFLURIA QUADRIVALENT 2020-2021 SUSP	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
AFLURIA QUADRIVALENT 2021-2022 SUSP	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
AFLURIA QUADRIVALENT 2022-2023 SUSP	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
ENGERIX-B INJ	F	Limit 3 doses per lifetime;3 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
ENGERIX-B SUSP	F	Limit 3 doses per lifetime;3 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
FLUAD 2020-2021	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUAD QUADRIVALENT 2021-2022	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUAD QUADRIVALENT 2022-2023	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUAD QUADRIVALENT INFLUENZA VACCINE FOR ADULTS	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUARIX QUADRIVALENT 2020-2021 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUARIX QUADRIVALENT 2021-2022 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUARIX QUADRIVALENT 2022-2023 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
FLUBLOK QUADRIVALENT 2020-2021	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUBLOK QUADRIVALENT 2021-2022	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUBLOK QUADRIVALENT 2022-2023	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSP	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUCELVAX QUADRIVALENT 2020-2021 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUCELVAX QUADRIVALENT 2021-2022 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUCELVAX QUADRIVALENT 2021-2022 SUSP	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUCELVAX QUADRIVALENT 2022-2023 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
FLUCELVAX QUADRIVALENT 2022-2023 SUSP	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLULAVAL QUADRIVALENT 2020-2021 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLULAVAL QUADRIVALENT 2021-2022 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLULAVAL QUADRIVALENT 2022-2023 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUZONE HIGH-DOSE PF 2020-2021	F	Limit 1 dose per season age 65 and up;QL(0.7 ml per fill retail);AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2021-2022	F	Limit 1 dose per season age 65 and up;QL(0.7 ml per fill retail);AL(At least 65 yrs old)
FLUZONE HIGH-DOSE PF 2022-2023	F	Limit 1 dose per season age 65 and up;QL(0.7 ml per fill retail);AL(At least 65 yrs old)
FLUZONE QUADRIVALENT 2020-2021 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
FLUZONE QUADRIVALENT 2020-2021 SUSP	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSP	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUZONE QUADRIVALENT 2021-2022 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSP	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
FLUZONE QUADRIVALENT 2022-2023 SUSY	F	Limit 1 dose per season;QL(0.5 ml per fill retail);AL(At least 3 yrs old)
GARDASIL 9 SUSP	F	Limit 2 doses per lifetime;2 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
GARDASIL 9 SUSY	F	Limit 2 doses per lifetime;2 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
HAVRIX	F	Limit 3 doses per lifetime;3 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirement s/Limits
HEPLISAV-B SOSY	F	Limit 3 doses per lifetime;3 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
INFLUENZA VACCINE	F	AL
M-M-R II SOLR	F	Limit 1 dose per lifetime;1 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
RECOMBIVAX HB SUSP	F	Limit 3 doses per lifetime;3 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
SHINGRIX	F	Limit 2 doses per lifetime;QL(1 ea per fill retail);AL(At least 50 yrs old)
TWINRIX SUSY	F	Limit 3 doses per lifetime;3 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
VAQTA	F	Limit 3 doses per lifetime;3 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
VARIVAX INJ	F	Limit 2 doses per lifetime;2 rtl MAX fill,999 rtl day(s) supply;AL(At least 19 yrs old)
VAGINAL AND RELATED PRODUCTS		
Vaginal Anti-infectives		

Drug Name	Drug Tier	Requirement s/Limits
CLEOCIN SUPP	F	
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NF	
<i>clindamycin phosphate vaginal crea</i>	F	
<i>clotrimazole vaginal crea 1 %</i>	F	
GYNE-LOTRIMIN CREA (<i>Use clotrimazole vaginal</i>)	NF	
GYNE-LOTRIMIN 3 CREA (<i>Use clotrimazole vaginal</i>)	NF	
<i>metronidazole vaginal</i>	F	
<i>miconazole nitrate vaginal supp 200 MG</i>	F	
<i>miconazole nitrate vaginal kit</i>	F	
<i>miconazole nitrate vaginal crea 2 %</i>	F	
MONISTAT 1 COMBO PACK KIT (<i>Use miconazole nitrate vaginal</i>)	NF	
MONISTAT 1 DAY OR NIGHT COMBO PACK KIT (<i>Use miconazole nitrate vaginal</i>)	NF	
MONISTAT 3 CREA (<i>Use miconazole nitrate vaginal</i>)	NF	
MONISTAT 3 COMBINATION PACK KIT (<i>Use miconazole nitrate vaginal</i>)	NF	
MONISTAT 7 COMBINATION PACK KIT	F	

Drug Name	Drug Tier	Requirement s/Limits
MONISTAT 7 SIMPLY CURE CREA (Use miconazole nitrate vaginal)	NF	
terconazole vaginal crea	F	
VANDAZOLE	F	
Vaginal Estrogens		
ESTRACE CREA (Use estradiol vaginal)	NF	
estradiol vaginal crea	F	
estradiol vaginal tabs	F	QL(58 ea per 168 days retail)
ESTRING RING	F	
FEMRING	F	PA
PREMARIN	F	PA
VAGIFEM TABS (Use estradiol vaginal)	NF	QL(58 ea per 168 days retail)
VAGINAL PRODUCTS - Drugs to Treat Vaginal Infections and Low Hormones		
Miscellaneous Vaginal Products		
NONOXYNOL SPERMICIDES	F	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
epinephrine (anaphylaxis) soaj	F	QL(0.067 ea daily)
EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF	
EPIPEN-JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	NF	QL(0.067 ea daily)
Vasopressors		
midodrine hcl	F	QL(3 ea daily)
VITAMINS		
Oil Soluble Vitamins		

Drug Name	Drug Tier	Requirement s/Limits
BABY DDROPS LIQD OR	F	
cholecalciferol caps	F	
cholecalciferol liqd or 10 MCG/ML, 400 UNIT/ML	F	
cholecalciferol tabs	F	
DECARA CAPS	F	
DRISDOL CAPS (Use ergocalciferol)	NF	
D-VI-SOL LIQD OR (Use cholecalciferol)	NF	
ergocalciferol caps	F	
MAXIMUM D3 CAPS	F	
MEPHYTON TABS (Use phytonadione)	NF	
NATURAL VITAMIN E TABS 200 UNIT	F	
OPTIMAL D3 M CAPS	F	
phytonadione tabs 5 MG	F	
SM VITAMIN D3 MAXIMUM STRENGTH CAPS	F	
THERA-D 4000 TABS	F	
VITAMIN D2 TABS	F	
VITAMIN D3 TABS 3000 UNIT, 10000 UNIT	F	
vitamin e caps 100 UNIT, 180 MG, 200 UNIT, 400 UNIT, 1000 UNIT	F	
VITAMIN E CHEW	F	AL(At least 6 yrs old)
VITAMIN E TABS	F	
Water Soluble Vitamins		
B-1 TABS	F	

Drug Name	Drug Tier	Requirements/Limits
<i>niacin cpcr 250 MG, 500 MG</i>	F	
<i>niacin tbc</i>	F	
<i>niacin tabs 50 MG, 100 MG, 250 MG</i>	F	
<i>niacinamide tabs</i>	F	
<i>niacinamide tbc 500 MG</i>	F	
<i>pyridoxine hcl tabs 25 MG, 50 MG, 100 MG</i>	F	
SLO-NIACIN TBCR 500 MG, 750 MG (Use <i>niacin</i>)	NF	
<i>thiamine hcl tabs</i>	F	
<i>thiamine mononitrate tabs</i>	F	

<i>alfuzosin hcl</i>	57	<i>hcl</i>	26	ARALAST NP.....	91
ALLEGRA ALLERGY.....	23	<i>amoxapine</i>	18	ARAVA.....	4
ALLEGRA ALLERGY CHILDRENS	23	<i>amoxicillin</i>	88	ARICEPT.....	89
ALLEGRA-D 12 HOUR ALLERGY & CONGESTION.....	42	<i>amoxicillin & pot clavulanate</i> 88,89		ARIMIDEX.....	29
ALLEGRA-D 24 HOUR ALLERGY & CONGESTION.....	42	<i>amphetamine-</i> <i>dextroamphetamine</i>	1	<i>aripiprazole</i>	33
ALLERGY SYRINGE/1ML/27G X 1/2".....	64	<i>ampicillin</i>	88	ARISTADA.....	33
<i>allopurinol</i>	58	<i>ampicillin & sulbactam sodium</i>	89	ARISTADA INITIO.....	33
ALORA.....	55	ANAFRANIL.....	18	ARMOUR THYROID.....	92
<i>alprazolam</i>	10	ANALPRAM HC.....	8	ARTHROTEC 50.....	3
ALPRAZOLAM INTENSOL.....	10	ANALPRAM HC SINGLES.....	8	ARTHROTEC 75.....	3
ALTACE.....	25	ANALPRAM-HC.....	8	<i>artificial tear solution</i>	84
<i>alum & mag hydrox-</i> <i>simethicone</i>	8	ANAPROX DS.....	3	ASACOL HD.....	56
ALUMINUM HYDROXIDE.....	8	ANASPAZ.....	92	ASMANEX TWISTHALER 120 METERED DOSES.....	11
<i>amantadine hcl</i>	30	<i>anastrozole</i>	29	ASMANEX TWISTHALER 14 METERED DOSES.....	11
AMARYL.....	21	ANDRODERM.....	7	ASMANEX TWISTHALER 30 METERED DOSES.....	12
AMBI EVEN & CLEAR EXFOLIATING WASH.....	50	ANDROGEL.....	7	ASMANEX TWISTHALER 60 METERED DOSES.....	12
AMBI EVEN & CLEAR FOAMINGCLEANSER.....	50	ANDROGEL PUMP.....	8	ASMANEX TWISTHALER 7 METERED DOSES.....	12
AMBIEN.....	59	ANORO ELLIPTA.....	12	<i>aspirin</i>	5
AMERGE.....	75	ANTABUSE.....	89	ASPIRIN.....	5
AMICAR.....	59	ANTACID.....	8	<i>aspirin buffered (cal carb-mag</i> <i>carb-mag oxide)</i>	5
<i>amiloride & hydrochlorothiazide</i>	54	ANTACID SOFT CHEWS.....	8	ASTAGRAF XL.....	78
<i>amiloride hcl</i>	54	ANTARA.....	24	<i>atazanavir sulfate</i>	33
<i>aminocaproic acid</i>	59	ANTI-DIARRHEAL.....	22	<i>atenolol</i>	36
<i>amiodarone hcl</i>	11	ANTIVERT.....	22	<i>atenolol & chlorthalidone</i>	26
AMITIZA.....	56	ANUSOL-HC.....	8	ATIVAN.....	10
<i>amitriptyline hcl</i>	18	ANZEMET.....	22	<i>atomoxetine hcl</i>	1
<i>amlodipine besylate</i>	37	APO-VARENICLINE.....	90	<i>atorvastatin calcium</i>	25
<i>amlodipine besylate-benazepril</i> <i>hcl</i>	26	<i>apraclonidine hcl</i>	85	<i>atovaquone-proguanil hcl</i>	28
<i>amoxapine</i>	18	<i>aprepitant</i>	22	ATRIPLA.....	33
<i>amoxicillin</i>	88	APRISO.....	56		
<i>amoxicillin & pot clavulanate</i> 88,89		APTIVUS.....	33		
<i>amphetamine-</i> <i>dextroamphetamine</i>	1	AQUORAL.....	79		
<i>ampicillin</i>	88				
<i>ampicillin & sulbactam sodium</i>	89				
ANAFRANIL.....	18				
ANALPRAM HC.....	8				
ANALPRAM HC SINGLES.....	8				
ANALPRAM-HC.....	8				
ANAPROX DS.....	3				
ANASPAZ.....	92				
<i>anastrozole</i>	29				
ANDRODERM.....	7				
ANDROGEL.....	7				
ANDROGEL PUMP.....	8				
ANORO ELLIPTA.....	12				
ANTABUSE.....	89				
ANTACID.....	8				
ANTACID SOFT CHEWS.....	8				
ANTARA.....	24				
ANTI-DIARRHEAL.....	22				
ANTIVERT.....	22				
ANUSOL-HC.....	8				
ANZEMET.....	22				
APO-VARENICLINE.....	90				
<i>apraclonidine hcl</i>	85				
<i>aprepitant</i>	22				
APRISO.....	56				
APTIVUS.....	33				
AQUORAL.....	79				

<i>atropine sulfate (ophthalmic)</i>.....85	<i>b-complex w/ c & folic acid</i> 80	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 23GX1" .....64
ATROVENT HFA..... 11	BD 1ML ALLERGY SYRINGE SAFETYGLIDE NEEDLE 27GX1/2" .....64	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING NEEDLE 25GX5/8" 64
AUGMENTIN.....89	BD 1ML SLIP TIP SYRINGE 25GX5/8" 64	BD ALLERGY/SYRINGE/NEEDLE/1ML/28G X 1/2" 64
AUGMENTIN ES-600..... 89	BD 1ML TUBERCULIN SYRINGE/SAFETYGLIDE TB NEEDLE 27GX1/2" 64	BD BLUNT FILL NEEDLE/18GX 1-1/2" 64
AVALIDE.....26	BD 1ML TUBERCULIN SYRINGE/DETACHABLE NEEDLE SLIP TIP 27GX1/2" .....64	BD DISPOSABLE NEEDLE REGULAR BEVEL 25GX1"..... 64
AVAPRO.....25	BD 3ML LUER-LOK SYRINGE 18G X 1 1/2"..... 64	BD ECLIPSE NEEDLE 25G X 1.5" .....64
AVODART.....57	BD 3ML LUER-LOK SYRINGE/20G X 1" 64	BD ECLIPSE NEEDLE 25GX1" ... 64
AVONEX.....90	BD 3ML LUER-LOK SYRINGE/21G X 1-1/2" 64	BD ECLIPSE NEEDLE/25G X5/8" .....64
AVONEX PEN..... 90	BD 3ML LUER-LOK SYRINGE/23G X 1" 64	BD ECLIPSE SYRINGE LUER-LOK/3ML/25G X 1" 64
AVSOLA.....56	BD 3ML LUER-LOK SYRINGE/23G X 1-1/2" 64	BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/22G X 1" 64
AYGESTIN.....89	BD 3ML LUER-LOK SYRINGE/25G X 1" 64	BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/23G X 1" 64
<i>azathioprine</i> 78	BD 3ML LUER-LOK SYRINGE/25G X 1" 64	BD ECLIPSE SYRINGE/NEEDLE/LUER-LOK/3ML/25G X 5/8" .....64
<i>azelastine hcl</i>.....83	BD 3ML LUER-LOK SYRINGE/21GX1-1/2" 64	BD HYPODERMIC NEEDLE REGULAR BEVEL THIN WALL 18G X 1-1/2" 65
<i>azelastine hcl (ophth)</i> 87	BD 3ML SYRINGE LUER-LOK 22GX1" 64	BD HYPODERMIC NEEDLES 18GX1" 65
<i>azithromycin</i>.....62	BD 3ML SYRINGE LUER-LOK 22GX1-1/2" 64	BD HYPODERMIC NEEDLES 18GX1.5" 65
AZOPT.....87	BD 3ML SYRINGE LUER-LOK 23GX1" 64	BD HYPODERMIC NEEDLES 19GX1" 65
AZULFIDINE..... 56	BD 3ML SYRINGE LUER-LOK 25GX1-1/2" 64	BD HYPODERMIC NEEDLES 22GX1.5" 65
AZULFIDINE EN-TABS.....57	BD 3ML SYRINGE LUER-LOK 25GX5/8" 64	
B-1..... 99	BD 3ML SYRINGE/SAFETYGLIDE SHIELDING IM NEEDLE 22GX1-1/2" 64	
B-12..... 58		
BABY DDROPS.....99		
BACIGUENT.....46		
<i>bacitracin (ophthalmic)</i> 85		
<i>bacitracin (topical)</i> 46		
<i>bacitracin zinc</i>.....46		
<i>bacitracin-polymyxin b</i> 46		
<i>bacitracin-polymyxin b (ophth)</i> .....86		
<i>bacitracin-poly-neomycin-hc</i> .. 86		
<i>baclofen</i>.....83		
BACTRIM.....27		
BACTRIM DS..... 27		
BANZEL..... 14		
BARACLUDE..... 35		

BD HYPODERMIC NEEDLES	BENADRYL ALLERGY..... 23	HOME TEST.....53
25GX1.5"..... 65	BENADRYL ALLERGY CHILDRENS	BIODESP DM.....42
BD INTEGRA SYRINGE/3ML	.....23	BIOLYTE..... 77
25GX1"..... 65	BENADRYL ALLERGY EXTRA	BIOTENE DRY MOUTH
BD INTEGRA SYRINGE/3ML/21G	STRENGTH..... 23	MOISTURIZING SPRAY..... 79
X 1-1/2"..... 65	BENADRYL ALLERGY ULTRATABS	<i>bisacodyl</i>.....61
BD INTEGRA SYRINGE/3ML/22G	.....23	<i>bismuth subsalicylate</i> 21
X 1.5"..... 65	<i>benazepril &</i>	<i>bisoprolol &</i>
BD INTEGRA SYRINGE/3ML/23G	<i>hydrochlorothiazide</i>.....26	<i>hydrochlorothiazide</i>.....26
X 1"..... 65	<i>benazepril hcl</i> 25	<i>bisoprolol fumarate</i>.....36
BD INTEGRA SYRINGE/3ML/25G	BENZAC AC WASH..... 46	BLEPH-10..... 86
X 5/8..... 65	<i>benzonatate</i> 41	BLEPHAMIDE..... 86
BD LUER-LOK SYRINGE/3ML...65	<i>benzoyl peroxide</i>.....46	BLEPHAMIDE S.O.P..... 86
BD NEEDLE/18G 1-1/2"..... 65	BENZOYL PEROXIDE CLEANSER	BONE ESSENTIALS.....78
BD NEEDLE/19G X 1"..... 65	.....46	BONIVA.....55
BD NEEDLE/22G X 1-1/2"..... 65	<i>benztropine mesylate</i> 30	BOOSTRIX..... 92
BD NEEDLE/25G X 5/8".....65	BEOVU..... 85	BOSULIF..... 29
BD NEEDLE/27G X 1/2".....65	<i>betamethasone dipropionate</i>	BPROTECTED PEDIA POLY-VITE
BD PEN NEEDLES..... 65	<i>(topical)</i> 48	.....80
BD PLASTIPAK 3ML	<i>betamethasone dipropionate</i>	BPROTECTED PEDIA POLY-
SYRINGE/LUER-LOK..... 65	<i>augmented</i> 48	VITE/IRON.....80
BD PLASTIPAK SYRINGES	<i>betamethasone valerate</i> ... 48,49	BRILINTA.....58
ALLERGY 28GX1/2.....65	BETAPACE..... 36	<i>brimonidine tartrate</i>.....85
BD SAFETYGLIDE	BETAPACE AF..... 36	<i>brinzolamide</i>.....87
HYPODERMICNEEDLE 18G X	BETASAL..... 50	<i>bromocriptine mesylate</i> 30
1-1/2"..... 65	BETASERON..... 90	<i>brompheniramine & phenyleph</i>
BD SAFETYGLIDE	<i>betaxolol hcl (ophth)</i> 85	.....42
HYPODERMICNEEDLE 25GX1" 65	<i>bethanechol chloride</i> 94	<i>brompheniramine & pseudoeph</i>
BD SAFETYGLIDE	BETHKIS..... 2	.....42
HYPODERMICNEEDLE 25GX5/8"	BETIMOL..... 85	BRONKIDS.....42
.....65	BETOPTIC-S..... 85	BRONTUSS DX.....42
BD SAFETYGLIDE	<i>bexarotene</i> 30	<i>budesonide</i> 40
NEEDLE/SHIELDED/22G X 1-1/2"	BEXSERO..... 95	<i>budesonide (inhalation)</i>.....12
.....65	BIKTARVY..... 33	BUFFERIN.....5
BD SLIP TIP SYRINGE/1ML..... 65	BILTRICIDE..... 9	<i>bumetanide</i> 54
BD SLIP TIP SYRINGE/3ML..... 65	BINAXNOW COVID-19 AG CARD	
BD SYRINGE LUER-LOK/1ML...65		
BELEODAQ..... 29		

BUMEX.....	54	<i>calcium carbonate</i>	76	CAREPOINT SAFETY 1ST	
<i>buprenorphine hcl</i>	7	CALCIUM CARBONATE.....	8,76	SYRINGE/NEEDLE 3ML/25G X 1"	
<i>buprenorphine hcl-naloxone hcl</i>		<i>calcium carbonate (antacid)</i>	8	65
<i>dihydrate</i>	7	<i>calcium carbonate-</i>		CAREPOINT SAFETY 1ST	
<i>bupropion hcl</i>	16	<i>cholecalciferol</i>	76	SYRINGE/NEEDLE 3ML/25G X	
<i>bupropion hcl (smoking</i>		<i>calcium carbonate-vitamin d.</i>	76,77	5/8".....	65
<i>deterrent)</i>	90	<i>calcium citrate</i>	77	CAREPOINT SYRINGE/LUER	
<i>buspirone hcl</i>	9	CALCIUM CITRATE.....	77	LOCK/1ML.....	65
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.....	4	CALCIUM GLUCONATE.....	77	LOCK/3ML/20GX1".....	65
<i>butalbital-acetaminophen-</i>		CALCIUM LACTATE.....	77	CAREPOINT SYRINGE/LUER	
<i>caffeine</i>	4	CALCIUM/VITAMIN D.....	77	LOCK/3ML/22GX1".....	65
<i>butalbital-acetaminophen-</i>		CAL-MAG-K CHELA MAX.....	78	CAREPOINT SYRINGE/LUER	
<i>caffeine w/ codeine</i>	6	CAL-MINT.....	77	LOCK/3ML/23GX1".....	66
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<i>butalbital-aspirin-caffeine</i>		CAPHOSOL.....	79	LOCK/3ML/23GX1-1/2".....	66
<i>w/cod</i>	6	CAPRELSA.....	29	CAREPOINT SYRINGE/LUER	
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BUTRANS.....	7	<i>captopril & hydrochlorothiazide</i>	CARETOUCH HYPODERMIC	
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BYETTA.....	20	CARAC.....	48	CARETOUCH HYPODERMIC	
CAFERGOT.....	75	CARAFATE.....	93	NEEDLE/25GX1".....	66
CALAMINE.....	52	<i>carbamazepine</i>	14	CARETOUCH HYPODERMIC	
CALAN SR.....	37	<i>carbamide peroxide (otic)</i>	88	NEEDLE/25GX1-1/2".....	66
<i>calcitonin (salmon)</i>	55	CARBATROL.....	14	CARETOUCH HYPODERMIC	
CAL-CITRATE.....	76	<i>carbidopa-levodopa</i>	30	NEEDLE/25GX5/8".....	66
<i>calcitriol</i>	55	<i>carboxymethylcellulose sodium</i>		CARETOUCH LUER LOCK	
<i>calcium</i>	76	<i>(ophth)</i>	84	3ML/22GX1".....	66
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.....	76	SYRINGE/NEEDLE 3ML/23G X 1"		CARETOUCH LUER LOCK	
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<i>binder)</i>	57				

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CARETOUCH LUER LOCK 3ML/25GX5/8".....	66	CEFTRIAZONE/DEXTROSE.....	39	<i>chlorpromazine hcl</i>	32
CARETOUCH LUER LOCK SYRINGE/1ML.....	66	<i>cefuroxime axetil</i>	38	<i>chlorthalidone</i>	54
CARETOUCH LUER LOCK SYRINGE/3ML.....	66	CELEBREX.....	3	CHLOR-TRIMETON.....	23
CARETOUCH LUER SLIP SYRINGE/1ML.....	66	<i>celecoxib</i>	3	<i>cholecalciferol</i>	99
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<i>carvedilol</i>	36	CELLCEPT.....	78	<i>cholestyramine light</i>	24
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<i>felbamate</i>	15	FISH OIL ULTRA.....	84		
FELBATOL.....	15	FLAGYL.....	27		
FELDENE.....	3	FLAX + DHA.....	2		
<i>felodipine</i>	37	FLEBOGAMMA DIF.....	88		
FEMARA.....	29	<i>flecainide acetate</i>	11		
FEMIRON.....	58	FLEET ENEMA.....	61		
FEMRING.....	99	FLEET ENEMA SIX PACK.....	61		
<i>fenofibrate</i>	24	FLEET PEDIATRIC.....	61		
		FLOMAX.....	57		

FLULAVAL QUADRIVALENT 2021-2022.....	97	FORTEO.....	55	FUZEON.....	34
FLULAVAL QUADRIVALENT 2022-2023.....	97	FORTIFY 30 BILLION PROBIOTIC 50+.....	21	<i>gabapentin</i>	14
<i>flunisolide (nasal)</i>	83	FORTIFY DAILY PROBIOTIC EXTRA STRENGTH.....	21	GABITRIL.....	15
<i>fluocinonide</i>	49	FORTIFY OPTIMA PROBIOTIC..	21	<i>galantamine hydrobromide</i>	89
<i>fluorometholone (ophth)</i>	87	FORTIFY PROBIOTIC WOMENS	21	GAMMAGARD LIQUID.....	88
<i>fluorouracil (topical)</i>	48	FORTIFY PROBIOTIC WOMENSEXTRA STRENGTH...	21	GAMMAGARD S/D IGA LESS THAN 1MCG/ML.....	88
<i>fluoxetine hcl</i>	17	FOSAMAX.....	55	GAMMAKED.....	88
<i>fluphenazine decanoate</i>	32	<i>fosamprenavir calcium</i>	34	GAMUNEX-C.....	88
<i>fluphenazine hcl</i>	32	<i>foscarnet sodium</i>	35	<i>ganciclovir sodium</i>	35
<i>flurbiprofen</i>	3	FOSCAVIR.....	35	GARDASIL 9.....	97
<i>flurbiprofen sodium</i>	87	<i>fosinopril sodium</i>	25	GAS-X EXTRA STRENGTH.....	56
<i>flutamide</i>	29	<i>fosinopril sodium & hydrochlorothiazide</i>	26	GAUZE PADS 2X2, 3X3, 4X4....	62
<i>fluticasone propionate</i>	49	FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM.....	62	<i>gemfibrozil</i>	25
<i>fluticasone propionate (nasal)</i>	83	FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM.....	62	GENERESS FE.....	39
<i>fluvoxamine maleate</i>	17	FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM.....	62	GENOTROPIN.....	55
FLUZONE HIGH-DOSE PF 2020-2021.....	97	FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM.....	62	GENOTROPIN MINIQUICK.....	55
FLUZONE HIGH-DOSE PF 2021-2022.....	97	FREESTYLE LIBRE LIBRE/READER/FLASH MONITORING SYSTEM.....	62	<i>gentamicin sulfite (ophth)</i>	86
FLUZONE HIGH-DOSE PF 2022-2023.....	97	FREESTYLE LIBRE LIBRE/SENSOR/FLASH MONITORING SYSTEM.....	62	<i>gentamicin sulfite (topical)</i>	47
FLUZONE QUADRIVALENT 2020-2021.....	97	FREEZONE.....	51	GENTEAL SEVERE.....	84
FLUZONE QUADRIVALENT 2021-2022.....	97	FULPHILA.....	58	GENTEAL SEVERE TEARS.....	84
FLUZONE QUADRIVALENT 2022-2023.....	97	<i>furosemide</i>	54	GENVOYA.....	34
FML.....	87			GEODON.....	31
FML FORTE.....	87			GILENYA.....	90
FML LIQUIFILM.....	87			GILTUSS COUGH & COLD.....	43
FOCALIN.....	1			GILTUSS EX EXPECTORANT CHILDRENS.....	45
FOCALIN XR.....	1			GILTUSS EX MAXIMUM STRENGTH.....	45
<i>folic acid</i>	58			GILTUSS TR.....	43
FORFIVO XL.....	16			GLASSIA.....	91
				<i>glatiramer acetate</i>	90
				GLEEVEC.....	29
				<i>glimepiride</i>	21
				<i>glipizide</i>	21

GLUCAGEN HYPOKIT.....	19	<i>guanfacine hcl</i>	26	ANGLE19G X 1"	68
<i>glucagon (rdna)</i>	19	<i>guanfacine hcl (adhd)</i>	1	HUBER NEEDLE/RIGHT	
GLUCAGON EMERGENCY KIT..	19	GVOKE HYPOPEN 1-PACK.....	19	ANGLE22G X 1-1/2"	68
GLUCOSE.....	19	GVOKE HYPOPEN 2-PACK.....	19	HUBER NEEDLE/STRAIGHT	
GLUCOTROL.....	21	GYNE-LOTRIMIN.....	98	22GX1-1/2"	68
GLUCOTROL XL.....	21	GYNE-LOTRIMIN 3.....	98	HUMALOG.....	20
<i>glyburide</i>	21	G-ZYNCOF.....	43	HUMALOG MIX 50/50.....	20
<i>glyburide micronized</i>	21	HALDOL.....	31	HUMALOG MIX 75/25.....	20
<i>glyburide-metformin</i>	19	HALDOL DECANOATE 100.....	31	HUMIRA.....	2
<i>glycerin (laxative)</i>	60	HALDOL DECANOATE 50.....	32	HUMIRA PEDIATRIC CROHNS	
GLYCERIN ADULT.....	60	<i>halobetasol propionate</i>	49	DISEASE STARTER PACK.....	2
<i>glycopyrrolate</i>	92	<i>haloperidol</i>	32	HUMIRA PEN.....	2
GLYNASE.....	21	<i>haloperidol decanoate</i>	32	HUMIRA PEN-CD/UC/HS	
GLYXAMBI.....	19	<i>haloperidol lactate</i>	32	STARTER.....	2
GNP CALAMINE.....	52	HAVRIX.....	97	HUMIRA PEN-PEDIATRIC UC	
GNP GLUCOSE.....	19	HEMOCYTE.....	59	STARTER PACK.....	2
GNP PRENATAL.....	80	<i>heparin (porcine) in sodium</i>		HUMIRA PEN-PS/UV STARTER..	2
GNP QUICK DISSOLVE GLUCOSE		<i>chloride</i>	13	HUMULIN 70/30.....	20
.....	19	<i>heparin sod (porcine) in d5w</i> ..	13	HUMULIN 70/30 KWIKPEN.....	20
GNP STERILE LANCETS 28G....	62	<i>heparin sodium (porcine)</i>	13	HUMULIN R U-500	
GNP STERILE LANCETS 30G....	62	<i>heparin sodium (porcine) lock</i>		(CONCENTRATED).....	20
GNP STERILE LANCETS 33G....	62	<i>flush</i>	13	HUMULIN R U-500 KWIKPEN..	20
GOLD BOND PSORIASIS RELIEF		HEPARIN SODIUM/D5W.....	13	HYCODAN.....	42
MULTI-SYMPTOM.....	51	HEPARIN SODIUM/DEXTROSE	13	<i>hydralazine hcl</i>	27
GOLYTELY.....	60	HEPARIN SODIUM/NACL 0.45%		HYDRALYTE.....	77
GOODSENSE PRENATAL		.....	13	HYDRALYTE FREEZER POPS.....	77
VITAMINS.....	80	HEPARIN SODIUM/SODIUM		HYDREA.....	30
GRALISE.....	90	CHLORIDE 0.9%.....	13	<i>hydrochlorothiazide</i>	54
<i>granisetron hcl</i>	22	HEPLISAV-B.....	98	<i>hydrocodone bitartrate-</i>	
<i>griseofulvin microsize</i>	23	HEPSERA.....	35	<i>homatropine methylbromide</i> ..	42
G-TRON PED.....	43	HERBAL EXPEC.....	45	<i>hydrocodone-acetaminophen</i> ..	6
G-TRON PEDIATRIC DROPS.....	43	HM CALAMINE.....	52	<i>hydrocodone-ibuprofen</i>	6
G-TUSICOF.....	43	<i>homatropine hbr</i>	85	<i>hydrocortisone</i>	41
<i>guaifenesin</i>	45	HORIZANT.....	90	<i>hydrocortisone (intrarectal)</i>	8
<i>guaifenesin-codeine</i>	43	HUBER NEEDLE/RIGHT		<i>hydrocortisone (rectal)</i>	8
				<i>hydrocortisone (topical)</i>	49

<i>hydrocortisone acetate (topical)</i> .....49	HYPODERMIC NEEDLES 19GX1" .....68	INSULIN ASPART..... 20
<i>hydrocortisone acetate w/ pramoxine</i> 8	HYPODERMIC NEEDLES 22GX1-1/2".....68	INSULIN ASPART FLEXPEN..... 20
<i>hydrocortisone w/acetic acid</i> . 88	HYPODERMIC NEEDLES 25GX1-1/2".....68	INSULIN ASPART PROTAMINE/INSULIN ASPART FLEXPEN.....20
HYDROCORTISONE/ALOE..... 49	HYPODERMIC NEEDLES 25GX5/8"..... 69	INSULIN LISPRO..... 20
<i>hydrocortisone-aloe vera</i>.....49	HYPODERMIC NEEDLES 27GX1/2"..... 69	INSULIN LISPRO JUNIOR KWIKPEN..... 20
<i>hydrogen peroxide</i>.....33	HYVEE ADVANCED ANTACID MAXIMUM STRENGTH..... 8	INSULIN LISPRO KWIKPEN..... 20
HYDROGEN PEROXIDE.....33	HYZAAR.....26	INSULIN LISPRO PROTAMINE/INSULIN LISPRO KWIKPEN..... 20
<i>hydromorphone hcl</i> 5	<i>ibandronate sodium</i> 55	INSULIN PUMP INFUSION SUPPLIES.....62
HYDROMORPHONE HCL..... 5	<i>ibuprofen</i> 3	INSULIN SYRINGES.....69
<i>hydroxychloroquine sulfate</i> 28	ICLUSIG.....29	INTELENCE..... 34
<i>hydroxyurea</i> 30	IMBRUVICA.....29	INTELISWAB COVID-19 RAPID TEST..... 53
<i>hydroxyzine hcl</i>.....9,10	<i>imipramine hcl</i>.....18	INTRON A.....30
<i>hydroxyzine pamoate</i> 10	<i>imipramine pamoate</i>.....18	INTUNIV.....1
<i>hyoscyamine sulfate</i>.....92,93	<i>imiquimod</i> 50	INVEGA SUSTENNA.....31
HYPERSAL..... 45	IMITREX..... 75,76	INVEGA TRINZA..... 31
HYPODERMIC NEEDLE 18G X 1" .....68	IMITREX STATDOSE REFILL.... 76	INVIRASE.....34
HYPODERMIC NEEDLE 18G X 1-1/2"..... 68	IMITREX STATDOSE SYSTEM...76	INVOKAMET.....19
HYPODERMIC NEEDLE 19G X 1" .....68	IMODIUM A-D..... 22	INVOKANA..... 21
HYPODERMIC NEEDLE 22GX1-1/2".....68	IMURAN.....79	<i>ipratropium bromide</i> 11
HYPODERMIC NEEDLE 25GX1" .....68	INCRELEX..... 55	<i>ipratropium bromide (nasal)</i> .. 83
HYPODERMIC NEEDLE 25GX1-1/2".....68	<i>indapamide</i> 54	<i>ipratropium-albuterol</i>.....12
HYPODERMIC NEEDLE 25GX5/8" .....68	INDERAL LA.....36	<i>irbesartan</i> 25
HYPODERMIC NEEDLE 27GX1/2" .....68	INDOCIN..... 3	<i>irbesartan-hydrochlorothiazide</i>.....26
HYPODERMIC NEEDLES 18GX1" .....68	<i>indomethacin</i>.....3	ISENTRESS.....34
HYPODERMIC NEEDLES 18GX1-1/2".....68	INFANTS ADVIL..... 3	ISENTRESS HD.....34
	INFLUENZA VACCINE..... 98	<i>isoniazid</i>.....28
	INGREZZA..... 90	ISOPTO ATROPINE..... 85
	INSPIRA.....27	
	INSTA-GLUCOSE.....19	

ISOPTO CARPINE.....	85	KETONE TEST STRIPS.....	53	<i>lamivudine</i>	34
ISOPTO TEARS.....	84	<i>ketoprofen</i>	3	<i>lamivudine (hbv)</i>	35
ISORDIL TITRADOSE.....	9	<i>ketorolac tromethamine</i>	3	<i>lamivudine-zidovudine</i>	34
<i>isosorbide dinitrate</i>	9	<i>ketorolac tromethamine (ophth)</i>	87	<i>lamotrigine</i>	14
<i>isosorbide mononitrate</i>	9	KETOSTIX.....	53	LANCETS AND LANCET DEVICES	62
<i>isotretinoin</i>	46	<i>ketotifen fumarate (ophth)</i>	87	LANOXIN.....	37
ISTALOL.....	85	KINDERLYTE.....	77	<i>lansoprazole</i>	93
ITCH RELIEF.....	48	KINDERLYTE PREMAX.....	77	LANTUS.....	20
<i>ivermectin</i>	9	KITABIS PAK.....	2	LANTUS SOLOSTAR.....	20
IVERMECTIN.....	52	KLONOPIN.....	14	<i>lapatinib ditosylate</i>	29
<i>ivermectin (pediculicide)</i>	52	KLOXXADO.....	22	LASIX.....	54
JAKAFI.....	29	KOMBIGLYZE XR.....	19	<i>latanoprost</i>	88
JANUMET.....	19	KONSYL DAILY FIBER.....	60	LATUDA.....	31
JANUMET XR.....	19	KP PRENATAL MULTIVITAMINS	80	LEADER QUICK DISSOLVE GLUCOSE.....	19
JANUVIA.....	20	K-PHOS NEUTRAL.....	78	<i>leflunomide</i>	4
JARDIANCE.....	21	KPN PRENATAL.....	80	<i>lenalidomide</i>	78
JENLIVA PRENATAL/POSTNATAL	80	K-TAB.....	78	LETAIRIS.....	37
JENTADUETO.....	19	<i>labetalol hcl</i>	36	<i>letrozole</i>	29
JENTADUETO XR.....	19	LAC-HYDRIN TWELVE.....	50	<i>leucovorin calcium</i>	30
JULUCA.....	34	<i>lacosamide</i>	14	<i>leuprolide acetate</i>	29
KALETRA.....	34	LACTIC ACID.....	50	LEVBID.....	93
KAPVAY.....	1	<i>lactic acid (ammonium lactate)</i>	50	LEVEMIR.....	20
KAZANO.....	19	<i>lactulose</i>	60	LEVEMIR FLEXTOUCH.....	20
KEFLEX.....	38	<i>lactulose (encephalopathy)</i>	57	<i>levetiracetam</i>	14
KENALOG-10.....	41	LAGEVRIO.....	36	<i>levobunolol hcl</i>	85
KENALOG-40.....	41	LAMICTAL.....	14	<i>levofloxacin</i>	56
KEPPRA.....	14	LAMICTAL CHEWABLE DISPERSIBLE.....	14	<i>levofloxacin (ophth)</i>	86
KEPPRA XR.....	14	LAMICTAL ODT.....	14	<i>levonorgestrel & eth estradiol</i> 39	40
KERALAC.....	50	LAMICTAL XR.....	14	<i>levonorgestrel (emergency oc)</i>	40
KERALYT.....	51	LAMISIL AT.....	47	<i>levonorgestrel-eth estradiol</i> (<i>triphasic</i>).....	39
KERENDIA.....	55	LAMISIL AT JOCK ITCH.....	47		
<i>ketoconazole (topical)</i>	47				
KETONE.....	53				

<i>levonorgestrel-ethinyl estradiol (91-day)</i>	39	LOMOTIL.....	22	MAALOX.....	8
<i>levonorgestrel-ethinyl estradiol (continuous)</i>	39	<i>loperamide hcl</i>	22	MACROBID.....	28
<i>levothyroxine sodium</i>	92	LOPID.....	25	MACRODANTIN.....	28
LEVSIN.....	93	<i>lopinavir-ritonavir</i>	34	MAG-200.....	77
LEVSIN/SL.....	93	LOPRESSOR.....	36	MAGELLAN TUBERCULIN SAFETY SYRINGE/1ML/27G X 1/2".....	69
LEXAPRO.....	17	LOPRESSOR HCT.....	26	MAGELLAN TUBERCULIN SAFETY SYRINGE/1ML/28G X 1/2".....	69
LEXIVA.....	34	LOPROX.....	47	MAGNESIUM.....	77
LIALDA.....	57	<i>loratadine</i>	24	<i>magnesium citrate</i>	61
LICEMD.....	52	<i>loratadine & pseudoephedrine</i>	43	MAGNESIUM EXTRA STRENGTH.....	77
<i>lidocaine</i>	51	<i>lorazepam</i>	10	<i>magnesium hydroxide</i>	61
<i>lidocaine hcl</i>	51,52	LORBRENA.....	29	<i>magnesium oxide</i>	9
<i>lidocaine hcl (local anesth.)</i>	61	<i>losartan potassium</i>	25	MAGNESIUM OXIDE.....	77
<i>lidocaine hcl (mouth-throat)</i> ..	79	<i>losartan potassium & hydrochlorothiazide</i>	26	<i>magnesium oxide (mg supplement)</i>	77
LIDOCAINE HYDROCHLORIDE.	61	LOSEASONIQUE.....	39	MAGOX 400.....	77
<i>lidocaine-prilocaine</i>	52	LOTENSIN.....	25	MAKENA.....	89
LIDODERM.....	52	LOTENSIN HCT.....	26	MALARONE.....	28
<i>lindane</i>	52	LOTREL.....	26	<i>maprotiline hcl</i>	16
<i>linezolid</i>	28	LOTRIMIN AF.....	47	MASONATAL.....	80
LINZESS.....	57	LOTRIMIN AF JOCK ITCH.....	47	MATULANE.....	30
<i>liothyronine sodium</i>	92	LOTRIMIN ANTIFUNGAL.....	47	MAVYRET.....	35
LIPITOR.....	25	LOTRIMIN ULTRA.....	47	MAXALT.....	76
<i>lisinopril</i>	25	<i>lovastatin</i>	25	MAXALT-MLT.....	76
<i>lisinopril & hydrochlorothiazide</i>	26	LOVENOX.....	13	MAXIDEX.....	87
<i>lithium carbonate</i>	31	<i>loxapine succinate</i>	32	MAXIMUM D3.....	99
LITHOBID.....	31	<i>lubiprostone</i>	56	MAXITROL.....	87
LITTLE REMEDIES SALINE SPRAY/DROPS.....	83	LUNESTA.....	60	MAXI-TUSS DM.....	43
LIVMARLI.....	56	LUPRON DEPOT (1-MONTH)...	29	MAXI-TUSS PE.....	43
LMX 4.....	52	LUPRON DEPOT (3-MONTH)...	29	MAXI-TUSS PE MAX.....	43
LODINE.....	3	LUPRON DEPOT (4-MONTH)...	29	MAXZIDE.....	54
LOHIST-D.....	43	LUPRON DEPOT (6-MONTH)...	29		
LOHIST-DM.....	43	LYCELLE.....	52		
		LYRICA.....	14		

MAXZIDE-25.....	54	METHYLIN.....	2	MIRAPEX.....	30
<i>meclizine hcl</i>	22	<i>methylphenidate hcl</i>	2	MIRCETTE.....	39
<i>meclofenamate sodium</i>	3	<i>methylprednisolone</i>	41	<i>mirtazapine</i>	16
MEDROL.....	41	<i>methylprednisolone sod succ.</i>	41	<i>misoprostol</i>	94
MEDROL DOSEPAK.....	41	<i>metoclopramide hcl</i>	56	M-M-R II.....	98
<i>medroxyprogesterone acetate</i>		METOCLOPRAMIDE ODT.....	56	M-NATAL PLUS.....	80
.....	89	<i>metolazone</i>	54	MOBIC.....	3
<i>medroxyprogesterone acetate</i>		<i>metoprolol &</i>		<i>moexipril hcl</i>	25
<i>(contraceptive)</i>	40	<i>hydrochlorothiazide</i>	26	MOI-STIR.....	79
<i>mefenamic acid</i>	3	<i>metoprolol succinate</i>	36	<i>mometasone furoate</i>	49
<i>megestrol acetate</i>	29	<i>metoprolol tartrate</i>	36	MONISTAT 1 COMBO PACK....	98
MEIJER CALAMINE.....	52	METROCREAM.....	52	MONISTAT 1 DAY OR NIGHT	
<i>meloxicam</i>	3	METROLOTION.....	52	COMBO PACK.....	98
<i>memantine hcl</i>	89	<i>metronidazole</i>	27	MONISTAT 3.....	98
MENACTRA.....	95	<i>metronidazole (topical)</i>	52	MONISTAT 3 COMBINATION	
MENEST.....	55	<i>metronidazole vaginal</i>	98	PACK.....	98
MENOSTAR.....	56	<i>mexiletine hcl</i>	11	MONISTAT 7 COMBINATION	
MENQUADFI.....	95	MG217 PSORIASIS MULTI-		PACK.....	98
MENVEO.....	95	SYMPTOM.....	51	MONISTAT 7 SIMPLY CURE....	99
<i>meperidine hcl</i>	5	MICATIN.....	47	MONISTAT SOOTHING CARE	
MEPHYTON.....	99	MICONAZOLE NITRATE.....	47	ITCH RELIEF.....	50
<i>mercaptopurine</i>	29	<i>miconazole nitrate (topical)</i> ...	47	MONOJECT 1ML LUER LOCK	
MESTINON.....	28	<i>miconazole nitrate vaginal</i>	98	TUBERCULIN SYRINGE/TIP CAP	
MESTINON TIMESPAN.....	28	<i>midodrine hcl</i>	99	.....	69
METAMUCIL.....	60	<i>miglustat</i>	58	MONOJECT 3ML	
METAMUCIL ORIGINAL		MILK OF MAGNESIA		SYRINGE/STANDARD	
TEXTURE.....	60	CONCENTRATE.....	61	HYPODERMIC	
<i>metformin hcl</i>	19	MILLIPRED.....	41	NEEDLE/21GX1-1/2".....	69
<i>methazolamide</i>	54	MINASTRIN 24 FE.....	39	MONOJECT BLUNTIP	
<i>methimazole</i>	91	MINIPRESS.....	26	SYRINGE/3ML/CANNULA/IV	
<i>methocarbamol</i>	83	MINIVELLE.....	56	ACCESS.....	69
<i>methotrexate sodium</i>	29	<i>minocycline hcl</i>	91	MONOJECT HYPO/ALUM	
<i>methscopolamine bromide</i>	93	<i>minoxidil</i>	27	HUB/18G X 1-1/2".....	69
<i>methyl dopa</i>	26	MIRALAX.....	61	MONOJECT HYPO/ALUM	
<i>methylergonovine maleate</i>	88	MIRALAX MIX-IN PAX.....	61	HUB/LUER LOCK/INTM	
				BEVEL/27G X 1/2".....	69
				MONOJECT HYPO/ALUM	
				HUB/LUER LOCK/REG	

BEVEL/18G X 1"..... 69	HYPO/POLYPROPYLENE	MONOJECT MAGELLAN
MONOJECT HYPO/ALUM	HUB/LL/SHORT BEVEL/18G X	SYRINGE/SAFETY
HUB/LUER LOCK/REG	1-1/2" 70	NEEDLE/3ML/23G X 1"..... 70
BEVEL/22G X 1-1/2"..... 69	MONOJECT	MONOJECT MAGELLAN
MONOJECT HYPO/ALUM	HYPO/POLYPROPYLENE	SYRINGE/SAFETY
HUB/LUER LOCK/REG	HUB/LL/SHORT BEVEL/19G TW	NEEDLE/3ML/25G X 1"..... 70
BEVEL/25G X 5/8".....69	X 1"..... 70	MONOJECT MAGELLAN
MONOJECT HYPO/ALUM	MONOJECT	SYRINGE/SAFETY
HUB/LUER LOCK/SHORT	HYPO/POLYPROPYLENE	NEEDLE/3ML/25G X 5/8"..... 70
BEVEL/18G X 1"..... 69	HUB/LL/SHORT BEVEL/22G X	MONOJECT PHARMACY
MONOJECT HYPO/ALUM	1-1/2"..... 70	TRAY/LUER LOCK/3ML..... 70
HUB/LUER LOCK/SHORT	MONOJECT	MONOJECT PHARMACY
BEVEL/18G X 1-1/2"..... 69	HYPO/POLYPROPYLENE	TRAY/REG LUER/1ML..... 70
MONOJECT HYPO/ALUM	HUB/REG BEVEL/27G X 1/2" .. 70	MONOJECT STANDARD
HUB/LUER LOCK/SPEC	MONOJECT HYPODERMIC	HYPODERMIC
BEVEL/19G TW X 1".....69	NEEDL3 18G X 1"..... 70	NEEDLE/POLYPROPYLEN/22G
MONOJECT	MONOJECT MAGELLAN	X1-1/2"..... 70
HYPO/POLYPROPYLENE	SAFETYNEEDLE 18GX1"..... 70	MONOJECT STANDARD
HUB/18G X 1"..... 69	MONOJECT MAGELLAN	HYPODERMIC
MONOJECT	SAFETYNEEDLE 18GX1-1/2"....70	NEEDLE/POLYPROPYLENE
HYPO/POLYPROPYLENE	MONOJECT MAGELLAN	HUB/18GX1".....71
HUB/18G X 1-1/2"..... 69	SAFETYNEEDLE 19GX1"..... 70	MONOJECT STANDARD
MONOJECT	MONOJECT MAGELLAN	HYPODERMIC
HYPO/POLYPROPYLENE	SAFETYNEEDLE 22GX1-1/2"....70	NEEDLE/POLYPROPYLENE
HUB/LL/BEVEL/25G X 1-1/2" ..69	MONOJECT MAGELLAN	HUB/19GX1".....71
MONOJECT	SAFETYNEEDLE 25GX1"..... 70	MONOJECT STANDARD
HYPO/POLYPROPYLENE	MONOJECT MAGELLAN	HYPODERMIC
HUB/LL/INTM BEVEL/25G X	SAFETYNEEDLE 25GX5/8".....70	NEEDLE/POLYPROPYLENE/18GX
5/8"..... 69	MONOJECT MAGELLAN	1-1/2"..... 71
MONOJECT	SYRINGE/SAFETY	MONOJECT STANDARD
HYPO/POLYPROPYLENE	NEEDLE/3ML/20G X 1"..... 70	HYPODERMIC
HUB/LL/REG BEVEL/19G TW X	MONOJECT MAGELLAN	NEEDLE/POLYPROPYLENE/22GX
1"..... 69	SYRINGE/SAFETY	1-1/2"..... 71
MONOJECT	NEEDLE/3ML/21G X 1-1/2".... 70	MONOJECT STANDARD
HYPO/POLYPROPYLENE	MONOJECT MAGELLAN	HYPODERMIC
HUB/LL/REG BEVEL/25G X 1". 69	SYRINGE/SAFETY	NEEDLE/POLYPROPYLENE/25GX
MONOJECT	NEEDLE/3ML/22G X 1"..... 70	1"..... 71
HYPO/POLYPROPYLENE	MONOJECT MAGELLAN	MONOJECT STANDARD
HUB/LL/SHORT BEVEL/18G X 1"	SYRINGE/SAFETY	HYPODERMIC
.....69	NEEDLE/3ML/22G X 1-1/2".... 70	NEEDLE/POLYPROPYLENE/25GX
MONOJECT	MONOJECT MAGELLAN	1-1/2"..... 71
	SYRINGE/SAFETY	
	NEEDLE/3ML/22G X 1-1/2".... 70	

MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/25GX 5/8".....	71	SYRINGE/STANDARDHYPODER MIC NEEDLE/3ML/22GX1-1/2"	72	<i>morphine sulfate</i>	5
MONOJECT STANDARD HYPODERMIC NEEDLE/POLYPROPYLENE/27GX 1/2".....	71	MONOJECT SYRINGE/STANDARDHYPODER MIC NEEDLE/3ML/23GX1".....	72	MOSCO CALLUS/CORN REMOVER.....	51
MONOJECT SYRINGE PHARMACY TRAY/1ML LUER LOCK.....	71	MONOJECT SYRINGE/STANDARDHYPODER MIC NEEDLE/3ML/25GX1".....	72	MOTRIN CHILDRENS.....	3
MONOJECT SYRINGE/LUER LOCK/3ML.....	71	MONOJECT SYRINGE/STANDARDHYPODER MIC NEEDLE/3ML/25GX5/8" ..	72	MOTRIN INFANTS DROPS.....	3
MONOJECT SYRINGE/LUER LOCK/3ML/20G X 1".....	71	MONOJECT SYRINGE/STANDARDHYPODER MIC NEEDLE/3ML/25GX5/8" ..	72	MOUTH KOTE.....	79
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1".....	71	MONOJECT TB SYRINGE-NDL 1ML 27GX1/2".....	72	MOUTH KOTE REMINT.....	79
MONOJECT SYRINGE/LUER LOCK/3ML/22G X 1-1/2".....	71	MONOJECT TUBERCULIN SAFETY SYRINGE/1ML/25G X 5/8".....	72	MOXEZA.....	86
MONOJECT SYRINGE/LUER LOCK/3ML/23G X 1".....	71	MONOJECT TUBERCULIN SAFETY SYRINGE/1ML/28G X 1/2".....	72	<i>moxifloxacin hcl (ophth)</i>	86
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 1".....	71	MONOJECT TUBERCULIN SYRINGE SOFTPACK 1ML REGULAR LUER TIP.....	72	MS CONTIN.....	5
MONOJECT SYRINGE/LUER LOCK/3ML/25G X 5/8".....	71	MONOJECT TUBERCULIN SYRINGE/1ML/25GX5/8".....	72	MUCINEX.....	45
MONOJECT SYRINGE/LUER- LOCK TIP/3ML.....	71	MONOJECT TUBERCULIN SYRINGE/1ML/28G X 1/2".....	72	MUCINEX CHILDRENS FREEFROM MULTI-SYMPATOM COLD AND STUFFY NOS.....	43
MONOJECT SYRINGE/LUER- LOCK/3ML/21G X 1-1/2".....	71	MONOJECT TUBERCULIN SYRINGE/1ML/25GX5/8".....	72	MUCINEX CHILDRENS MULTI- SYMPATOM COLD.....	43
MONOJECT SYRINGE/REG LUER/3ML.....	71	MONOJECT TUBERCULIN SYRINGE/1ML/28G X 1/2".....	72	MUCINEX CHILDRENS STUFFYNOSE AND CHEST CONGESTION.....	44
MONOJECT SYRINGE/REGULARTIP/3ML...	71	MONOJECT TUBERCULIN SYRINGE/DETACH NEEDLE/1ML/25G X 5/8".....	72	MUCINEX COUGH & CONGESTION CHILDRENS.....	44
MONOJECT SYRINGE/STANDARDHYPODER MIC NEEDLE/3ML/20GX1".....	71	MONOJECT TUBERCULIN SYRINGE/DETACH NEEDLE/1ML/27G X 1/2".....	72	MUCINEX D.....	44
MONOJECT SYRINGE/STANDARDHYPODER MIC NEEDLE/3ML/22GX1".....	71	MONOJECT TUBERCULIN SYRINGE/PERM NEEDLE/1ML/28G X 1/2".....	72	MUCINEX DM.....	44
MONOJECT		MONOJECT TUBERCULIN SYRINGE/WITHOUT NEEDLE/REG LUER/1ML.....	72	MUCINEX FAST-MAX SEVERE CONGESTION & COUGH.....	44
		<i>montelukast sodium</i>	11	MUCINEX FAST-MAX SEVERE CONGESTION & COUGH CLEAR & COOL.....	44
				MUCINEX MAXIMUM STRENGTH.....	45
				MUCINEX SINUS-MAX DAY TIME/NIGHT TIME.....	44
				MULTAQ.....	11
				MULTI PRENATAL.....	80

MULTI-DRAW NEEDLE	NARCAN.....	NEUTROGENA T/SAL.....
22GX1-1/2".....	22	51
MULTI-MINERALS.....	NASACORT ALLERGY 24HR.....	<i>nevirapine</i>
78	83	34
<i>multiple minerals</i>	NASACORT ALLERGY 24HR	NEXABIOTIC.....
78	CHILDRENS.....	21
MULTIVITAMIN INFANT &	83	NEXAVAR.....
TODDLER.....	NASALCROM.....	29
80	83	NEXIUM.....
MULTIVITAMIN	NATACYN.....	94
INFANT/TODDLER.....	86	NEXPLANON.....
80	NATALVIT.....	40
MULTIVITAMINS /W MINERALS	<i>nateglinide</i>	NF FORMULAS CALCIUM
.....	21	MAGNESIUM.....
80	NATROBA.....	78
<i>mupirocin</i>	52	<i>niacin</i>
47	NATURAL FIBER LAXATIVE.....	100
<i>mupirocin calcium (topical)</i>	60	<i>niacinamide</i>
47	NATURAL VITAMIN E.....	100
MURO 128.....	99	NICODERM CQ.....
87	<i>neomycin sulfate</i>	90
MVW COMPLETE PROBIOTIC	2	NICORETTE.....
FORMULATION.....	<i>neomycin-bacitracin zn-</i>	90,91
21	<i>polymyxin</i>	NICORETTE MINI.....
MYAMBUTOL.....	86	91
28	<i>neomycin-bacitracin-polymyxin</i>	NICORETTE STARTER KIT.....
<i>mycophenolate mofetil</i>.....	.....	91
79	47	<i>nicotine</i>
MYDRIACYL.....	<i>neomycin-bacitracin-polymyxin-</i>	91
85	<i>pramoxine</i>	<i>nicotine polacrilex</i>
MYLICON INFANTS GAS RELIEF	47	91
.....	<i>neomycin-polymy-dexameth.</i>	NICOTINE TRANSDERMAL
56	87	SYSTEM.....
MYLICON INFANTS GAS RELIEF	<i>neomycin-polymyxin-gramicidin</i>	91
DYE FREE.....	.....	NICOTROL INHALER.....
56	86	91
MYSOLINE.....	<i>neomycin-polymyxin-hc (ophth)</i>	NICOTROL NS.....
14	.....	91
<i>nabumetone</i>	87	<i>nifedipine</i>
3	<i>neomycin-polymyxin-hc (otic)</i>	37
<i>nadolol</i>	88	NINLARO.....
36	NEONATAL COMPLETE.....	29
NALFON.....	80	<i>nit remover</i>
3	NEONATAL PLUS.....	52
<i>naloxone hcl</i>	80	NITRO-BID.....
22	NEONATAL VITAMIN.....	9
<i>naltrexone hcl</i>	80	NITRO-DUR.....
22	NEORAL.....	9
NAMENDA.....	79	<i>nitrofurantoin</i>
90	NEOSPORIN ORIGINAL.....	28
NAMENDA TITRATION PAK....	47	<i>nitrofurantoin macrocrystal</i> ... 28
90	NEOTUSS PLUS.....	<i>nitrofurantoin monohyd macro</i>
<i>naphazoline w/ pheniramine</i> ..	44	.....
86	NEOTUSS-D.....	28
NAPHCON-A.....	44	<i>nitroglycerin</i>
86	NESINA.....	9
NAPROSYN.....	20	NITROSTAT.....
4	NEUPOGEN.....	9
<i>naproxen</i>	58	NIVANEX DMX.....
4	NEURONTIN.....	44
<i>naproxen sodium</i>	15	NIVA-PLUS.....
4	NEUTROGENA ON-THE-SPOT	80
<i>naratriptan hcl</i>	ACNE TREATMENT.....	NIVESTYM.....
76	46	58
		NIX CREME RINSE.....
		52

NOBLE MYSTIQUE EMU-LAC..	50	NUMOISYN.....	79	PRENATAL.....	80
NONOXYNOL SPERMICIDES....	99	NUTRA-SUPPORT BONE.....	78	ONETOUCH CLUB LANCETS FINE POINT.....	62
NORCO.....	6	NUVARING.....	40	ONETOUCH DELICA LANCETS EXTRA FINE 33G.....	62
NORDITROPIN FLEXPRO.....	55	<i>nystatin</i>	23	ONETOUCH DELICA LANCETS FINE 30G.....	62
<i>norethin acet & estrad-fe</i>	39	<i>nystatin (mouth-throat)</i>	79	ONETOUCH DELICA PLUS LANCETS EXTRA FINE 33G.....	62
<i>norethindrone & eth estradiol</i>	39	<i>nystatin (topical)</i>	47	ONETOUCH DELICA PLUS LANCETS FINE 30G.....	62
<i>norethindrone & ethinyl estradiol-fe</i>	39	NYTOL MAXIMUM STRENGTH	59	ONETOUCH FINEPOINT LANCETS.....	62
<i>norethindrone (contraceptive)</i>	40	NYVEPRIA.....	58	ONETOUCH ULTRA.....	53
<i>norethindrone acet & eth estra</i>	39	O-CAL PRENATAL.....	80	ONETOUCH ULTRA CONTROL..	63
<i>norethindrone acetate</i>	89	OCEAN NASAL SPRAY.....	83	ONETOUCH ULTRASOFT LANCETS.....	63
<i>norethindrone acetate-ethinyl estradiol-fe</i>	39	OCUFLOX.....	86	ONETOUCH VERIO CONTROL SOLUTION HIGH.....	63
<i>norethindrone-eth estradiol (triphasic)</i>	40	ODEFSEY.....	34	ONETOUCH VERIO MID CONTROL SOLUTION.....	63
<i>norgestimate-ethinyl estradiol</i>	40	OFIRMEV.....	4	ONETOUCH VERIO TEST STRIPS	53
<i>norgestimate-ethinyl estradiol (triphasic)</i>	40	<i>ofloxacin</i>	56	ONFI.....	14
<i>norgestrel & ethinyl estradiol</i> .40		<i>ofloxacin (ophth)</i>	86	ONGLYZA.....	20
NORM-JECT TUBERKULIN		<i>ofloxacin (otic)</i>	88	OPCON-A.....	86
1MLLUER SLIP.....	72	<i>olanzapine</i>	32	OPTIMAL D3 M.....	99
NORPACE.....	11	OMEGA 3-6-9 COMPLEX.....	2	<i>oral electrolytes</i>	77
NORPACE CR.....	11	OMEGA-3.....	84	ORAL RELIEF SPRAY FOR DRY MOUTH & DISCOMFORT..	79
NORPRAMIN.....	18	OMEGA-3 EPA FISH OIL.....	84	ORAPRED ODT.....	41
<i>nortriptyline hcl</i>	18	<i>omega-3 fatty acids</i>	84	ORTHO MICRONOR.....	40
NORVASC.....	37	OMEGA-3 FISH OIL EXTRA STRENGTH.....	84	<i>oseltamivir phosphate</i>	36
NORVIR.....	34	OMEGA-3-6-9.....	2	OSENI.....	19
NOVOLIN 70/30.....	20	<i>omeprazole</i>	94	OTEZLA.....	4
NOVOLIN N.....	21	OMNIFLEX DIAPHRAGM.....	62	<i>oxacillin sodium</i>	89
NOVOLIN R.....	21	ON/GO COVID-19 ANTIGEN SELF-TEST.....	53	<i>oxaprozin</i>	4
NPLATE.....	58	<i>ondansetron</i>	22		
NULYTELY.....	60	<i>ondansetron hcl</i>	22		
NULYTELY/FLAVOR PACKS.....	60	ONE VITE WOMENS PRENATALVITAMIN.....	80		
		ONE VITE WOMENS PRENATALVITAMIN PLUS.....	80		
		ONE-A-DAY WOMENS			

OXAYDO.....	5	<i>peg 3350-potassium chloride-</i>	PHENYTEK.....	15
<i>oxazepam</i>	10	<i>sod bicarbonate-sod chloride.</i>	<i>phenytoin</i>	15
<i>oxcarbazepine</i>	15	PEGASYS.....	<i>phenytoin sodium extended...</i>	15
<i>oxybutynin chloride</i>	94	PEGINTRON.....	<i>phytonadione</i>	99
<i>oxycodone hcl</i>	5,6	<i>pemetrexed disodium</i>	PIFELTRO.....	34
<i>oxycodone w/ acetaminophen.</i>	6	<i>penicillamine</i>	<i>pilocarpine hcl</i>	85
OXYCODONE/ACETAMINOPHEN		<i>penicillin v potassium</i>	<i>pimozide</i>	90
.....	6	PENTASA.....	<i>pioglitazone hcl</i>	21
<i>oxycodone-aspirin</i>	6	<i>pentoxifylline</i>	<i>pioglitazone hcl-metformin hcl</i>	19
<i>oyster shell</i>	77	PEPCID.....	.....
OYSTER SHELL CALCIUM 500+ D		PEPCID AC.....	<i>piperacillin sodium-tazobactam</i>	
.....	77	PEPCID AC MAXIMUM	<i>sodium</i>	89
OYSTER SHELL CALCIUM/D.....	77	STRENGTH.....	<i>piroxicam</i>	4
P & S.....	51	PEPTO BISMOL.....	PLAN B ONE-STEP.....	40
PAMELOR.....	18	PEPTO-BISMOL.....	PLAQUENIL.....	28
PANCREAZE.....	53	PEPTO-BISMOL MAX STRENGTH	PLAVIX.....	58
PANOXYL.....	46	.....	PNEUMONIA VACCINE.....	95
<i>pantoprazole sodium</i>	94	PEPTO-BISMOL TO-GO.....	PNEUMOVAX 23.....	95
PARLODEL.....	30	PERCOCET.....	PNEUMOVAX 23/1 DOSE.....	95
<i>paroxetine hcl</i>	17	PERIDEX.....	PNV TABS 29-1.....	81
PATIENT SAFE SYRINGE 3ML..	72	<i>perindopril erbumine</i>	<i>podofilox</i>	51
PAXIL.....	17	<i>permethrin</i>	POLY HUB NEEDLE/18G X 1" ..	72
PAXLOVID.....	35	<i>perphenazine</i>	POLY HUB NEEDLE/18G X	
PC PEDIATRIC POLY-VITAMIN		PERRY PRENATAL.....	1-1-1/2".....	72
DROPS.....	80	PERSERIS.....	POLY HUB NEEDLE/22G X 1-1/2"	
PC PEDIATRIC POLY-VITAMIN		PHAZYME.....	.....	72
DROPS/IRON.....	80	PHAZYME ULTRA STRENGTH..	POLY HUB NEEDLE/25G X 1" ..	72
PEDIA-LAX.....	61	<i>phenazopyridine hcl</i>	POLY HUB NEEDLE/25G X 1-1/2"	
PEDIALYTE.....	77	<i>phenobarbital</i>.....	.....	72
PEDIALYTE ADVANCED CARE..	77	<i>phenylephrine hcl (mydriatic).</i>	POLY HUB NEEDLE/25G X 5/8"	
PEDIALYTE FREEZER POPS.....	77	<i>phenylephrine w/ dm-gg</i>.....	.....	72
PEDIALYTE SINGLES.....	77	<i>phenylephrine-chlorphen-dm.</i>	POLY HUB NEEDLE/27G X 1/2"	
PEDIAPRED.....	41	<i>phenylephrine-</i>	.....	72
<i>peg 3350-kcl-sod bicarb-sod</i>		<i>diphenhydramine-gg w/ apap</i>	<i>polyethylene glycol 3350</i>	61
<i>chloride-sod sulfate</i>	60	<i>phenylephrine-guaifenesin</i>	<i>polyethylene glycol-propylene</i>	
			<i>glycol (ophth)</i>	84

<i>polymyxin b-trimethoprim</i>	86	<i>prednisolone sodium phosphate</i>	41	PRENATRYL.....	82
POLYSPORIN.....	47	PREDNISOLONE SODIUM PHOSPHATE.....	87	PRENATVITE RX.....	82
POLYTRIM.....	86	<i>prednisone</i>	41	PREPLUS.....	82
<i>polyvinyl alcohol</i>	84	PREDNISONE INTENSOL.....	41	PRETAB.....	82
POLY-VI-SOL.....	80	<i>pregabalin</i>	15	PREVACID.....	94
POLY-VITA.....	80	PREMARIN.....	56,99	PREVACID 24HR.....	94
POLY-VITA/IRON.....	80	PREMPRO.....	55	PREVACID SOLUTAB.....	94
POLY-VITE PEDIATRIC.....	80	PRENATABS FA.....	81	PREVNAR 13.....	95
<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic</i>	78	PRENATAL.....	81	PREZCOBIX.....	34
POTASSIUM.....	78	PRENATAL 19.....	81	PREZISTA.....	34
<i>potassium chloride</i>	78	PRENATAL AND IRON.....	81	PRIMADOPHILUS BIFIDUS.....	22
POTASSIUM CHLORIDE.....	78	PRENATAL FORTE.....	82	<i>primaquine phosphate</i>	28
<i>potassium chloride microencapsulated crystals er</i>	78	PRENATAL LOW IRON.....	82	PRIMAQUINE PHOSPHATE.....	28
<i>potassium citrate (alkalinizer)</i>	57	PRENATAL MULTIVITAMIN.....	82	<i>primidone</i>	15
<i>potassium citrate-citric acid</i> ...	57	PRENATAL ONE DAILY.....	82	PRIMLEV.....	6
PRADAXA.....	13	PRENATAL PLUS.....	82	PRINIVIL.....	25
<i>pramipexole dihydrochloride</i> ..	30	PRENATAL PLUS IRON.....	82	PRIVIGEN.....	88
PRAMOSONE.....	50	PRENATAL PLUS VITAMIN ANDMINERAL.....	82	PROAIR HFA.....	12
<i>pramoxine-hc</i>	50	<i>prenatal vit w/ docusate-iron carbonyl-folic acid</i>	82	<i>probenecid</i>	58
PRAVACHOL.....	25	<i>prenatal vit w/ ferrous fumarate-folic acid</i>	82	PROCARDIA.....	37
<i>pravastatin sodium</i>	25	<i>prenatal vit w/ iron carbonyl- folic acid</i>	82	PROCARDIA XL.....	37
<i>praziquantel</i>	9	PRENATAL VITAMIN.....	82	<i>prochlorperazine</i>	32
<i>prazosin hcl</i>	26	PRENATAL VITAMIN & MINERAL	82	<i>prochlorperazine maleate</i>	32
PRECOSE.....	19	PRENATAL VITAMIN/IRON.....	82	PROCTOCORT.....	8
PRED FORTE.....	87	PRENATAL VITAMINS.....	82	<i>progesterone</i>	89
PRED MILD.....	87	PRENATAL VITAMINS PLUS LOW IRON.....	82	PROGLYCEM.....	19
PREDATOR.....	52	PRENATAL-U.....	82	PROGRAF.....	79
PRED-G.....	87	PRENATRIX.....	82	PROLASTIN-C.....	91
PRED-G S.O.P.....	87			PROLATE.....	6
<i>prednisolone</i>	41			PROLIA.....	55
<i>prednisolone acetate (ophth)</i> .	87			PROMACTA.....	58
PREDNISOLONE ACETATE P-F.	87			<i>promethazine & phenylephrine</i>	44
				<i>promethazine hcl</i>	24

<i>promethazine w/codeine</i>.....44	<i>pyridostigmine bromide</i> 28	REBIF REBIDOSE
<i>promethazine-dm</i>.....44	<i>pyridoxine hcl</i> 100	TITRATIONPACK.....90
PROMETRIUM..... 89	QC CALAMINE.....52	REBIF TITRATION PACK.....90
<i>propafenone hcl</i> 11	QC MEDIFIN PE.....45	RECOMBIVAX HB..... 98
<i>propantheline bromide</i>.....93	QC PRENATAL..... 82	REDITREX..... 2
<i>propranolol &</i>	QUALAQUIN..... 28	REFRESH LIQUIGEL..... 84
<i>hydrochlorothiazide</i>.....26	QUARTETTE..... 40	REFRESH TEARS..... 85
<i>propranolol hcl</i> 36	QUESTRAN.....24	REGLAN..... 56
<i>propylthiouracil</i> 91	QUESTRAN LIGHT..... 24	RELENZA DISKHALER..... 36
PROSCAR..... 57	<i>quetiapine fumarate</i>.....32	RELION KETONE TEST STRIPS..53
PROTONIX.....94	QUICKVUE AT-HOME COVID-19	REMERON..... 16
<i>protriptyline hcl</i> 18	TEST..... 53	REMERON SOLTAB..... 16
PROVERA..... 89	<i>quinapril hcl</i>.....25	RENVELA.....57
PROZAC..... 17	<i>quinapril-hydrochlorothiazide</i> 26	<i>repaglinide</i> 21
<i>pseudoephed-bromphen-dm</i> ..44	<i>quinidine gluconate</i> 11	RESTORIL..... 60
<i>pseudoephedrine hcl</i> 83,84	<i>quinidine sulfate</i> 11	RETACRIT..... 58
<i>pseudoephedrine w/ codeine-gg</i>	<i>quinine sulfate</i> 28	RETIN-A..... 46
.....45	RA CALCIUM..... 77	RETROVIR..... 34
<i>pseudoephedrine w/ dm-gg</i> ... 45	RA DRY MOUTH..... 79	REVATIO..... 38
<i>pseudoephedrine-guaifenesin</i> 45	RA OMEGA 3-6-9..... 2	REVLIMID..... 78
<i>psyllium</i> 60	RA PRENATAL..... 82	REYATAZ..... 34
PULMICORT..... 12	RA PRENATAL	RIAX..... 46
PULMICORT FLEXHALER..... 12	FORMULA/FOLICACID..... 82	<i>ribavirin (hepatitis c)</i> 36
PULMOZYME..... 91	<i>raloxifene hcl</i> 55	RID COMPLETE LICE
PURE & GENTLE LUBRICANT...84	<i>ramipril</i> 25	ELIMINATION.....52
PX CALAMINE..... 52	RANEXA..... 9	RIFADIN..... 29
PX LANCETS MICROTHIN 33G.63	<i>ranitidine hcl</i>.....93	<i>rifampin</i> 29
PX PRENATAL MULTIVITAMINS	<i>ranolazine</i>.....9	RIGHT STEP PRENATAL..... 82
.....82	RAPAMUNE..... 79	RILUTEK..... 84
<i>pyrantel pamoate</i>.....9	RAZADYNE..... 90	<i>riluzole</i> 84
<i>pyrazinamide</i>.....29	RAZADYNE ER..... 90	<i>rimantadine hydrochloride</i>.....36
<i>pyrethrins-piperonyl butoxide</i> 52	REA-LO.....50	RISPERDAL..... 31
<i>pyrethrins-piperonyl butoxide-</i>	REBIF..... 90	RISPERDAL CONSTA.....31
<i>permethrin-nit remover</i>.....52	REBIF REBIDOSE.....90	<i>risperidone</i>.....31
PYRIDIDIUM..... 57		

RITALIN.....	2	SAFESNAP		SALVAX.....	51
RITALIN LA.....	2	SYRINGE/NEEDLE/3ML/22G X		SANDIMMUNE.....	79
<i>ritonavir</i>	34	1-1/2".....	73	SCHOOLTIME SHAMPOO.....	52
<i>rivastigmine</i>	90	SAFESNAP		SEASONIQUE.....	40
<i>rivastigmine tartrate</i>	90	SYRINGE/NEEDLE/3ML/23G X 1"		SECURESAFE SAFETY	
<i>rizatriptan benzoate</i>	76	.....	73	HYPODERMIC NEEDLE/18G X 1"	
ROBAXIN-750.....	83	SAFESNAP		.....	73
ROBINUL.....	93	SYRINGE/NEEDLE/3ML/23G X		SECURESAFE SAFETY	
ROBINUL FORTE.....	93	1-1/2".....	73	HYPODERMIC NEEDLE/18G X	
ROBITUSSIN CHILDRENS COUGH		SAFESNAP		1-1/2".....	73
& COLD CF.....	45	SYRINGE/NEEDLE/3ML/25G X 1"		SECURESAFE SAFETY	
ROBITUSSIN LINGERING		.....	73	HYPODERMIC NEEDLE/19G X 1"	
COLDLONG-ACTING		SAFESNAP		.....	73
COUGHGELS.....	42	SYRINGE/NEEDLE/3ML/25G X		SECURESAFE SAFETY	
ROBITUSSIN PEAK COLD MULTI-		5/8".....	73	HYPODERMIC NEEDLE/22G X	
SYMPTOM COLD.....	45	SAFESNAP TUBERCULIN		1-1/2".....	73
ROCALTROL.....	55	SYRINGE/1ML/25G X 5/8".....	73	SECURESAFE SAFETY	
<i>ropinirole hydrochloride</i>	30	SAFESNAP TUBERCULIN		HYPODERMIC NEEDLE/25G X	
<i>rosuvastatin calcium</i>	25	SYRINGE/1ML/27G X 1/2".....	73	1-1/2".....	73
ROXICODONE.....	6	SAFETY SYRINGES/NEEDLE		SECURESAFE SAFETY	
ROZEREM.....	60	3ML/20GX1".....	73	HYPODERMIC NEEDLE/25G X	
<i>rufinamide</i>	15	SAFETY SYRINGES/NEEDLE		5/8".....	73
RYCONTUSS.....	45	3ML/21GX1-1/2".....	73	SECURESAFE SAFETY	
RYLAZE.....	30	SAFETY SYRINGES/NEEDLE		HYPODERMIC NEEDLE/27G X	
RYTHMOL SR.....	11	3ML/22GX1".....	73	1/2".....	73
SAFESNAP ALLERGY		SAFETY SYRINGES/NEEDLE		SECURESAFE	
SYRINGE/1ML/27G X 1/2".....	73	3ML/22GX1-1/2".....	73	SYRINGE/NEEDLE/3ML/20G X 1"	
SAFESNAP SYRINGE/3ML.....	73	SAFETY SYRINGES/NEEDLE		.....	73
SAFESNAP		3ML/23GX1".....	73	SECURESAFE	
SYRINGE/NEEDLE/3ML/20G X 1"		SAFETY SYRINGES/NEEDLE		SYRINGE/NEEDLE/3ML/21G X	
.....	73	3ML/25GX5/8".....	73	1-1/2".....	73
SAFESNAP		SALEX.....	51	SECURESAFE	
SYRINGE/NEEDLE/3ML/21G X		<i>salicylic acid</i>	51	SYRINGE/NEEDLE/3ML/22G X 1"	
1-1/2".....	73	SALIMEZ.....	51	.....	73
SAFESNAP		<i>saline</i>	83	SECURESAFE	
SYRINGE/NEEDLE/3ML/22G X 1"		SALMON.....	84	SYRINGE/NEEDLE/3ML/22G X	
.....	73	SALMON OIL-1000.....	84	1-1/2".....	74
SAFESNAP		<i>salsalate</i>	5	SECURESAFE	
SYRINGE/NEEDLE/3ML/22G X 1"				SYRINGE/NEEDLE/3ML/23G X 1"	
.....	73			.....	74

SECURESAFE	<i>simvastatin</i>	<i>spironolactone &</i>
SYRINGE/NEEDLE/3ML/25G X	SINEMET.....	<i>hydrochlorothiazide</i>
5/8".....	SINGULAIR.....	SPRYCEL.....
SECURESAFE TUBERCULIN	<i>sirolimus</i>	STARLIX.....
INSULIN SYRINGE/1ML/25G X	SKLICE.....	<i>stavudine</i>
5/8".....	SLO-NIACIN.....	STIMATE.....
SECURESAFE TUBERCULIN	SM CALAMINE.....	STIOLTO RESPIMAT.....
INSULIN SYRINGE/1ML/27G X	SM FISH OIL.....	STRATTERA.....
1/2".....	SM GLUCOSE.....	STRIBILD.....
<i>selenium sulfide</i>	SM OMEGA-3.....	STROMECTOL.....
SELSUN BLUE.....	SM OMEGA-3-6-9 FATTY ACIDS2	SUBLOCADE.....
SELSUN BLUE DAILY.....	SM ONE DAILY PRENATAL.....	SUBOXONE.....
SELSUN BLUE DEEP CLEANSING	SM PRENATAL VITAMINS.....	SUCRAID.....
.....	SM VITAMIN D3 MAXIMUM	<i>sucralfate</i>
SELSUN BLUE MEDICATED.....	STRENGTH.....	SUDAFED CHILDRENS.....
SELSUN BLUE MOISTURIZING.....	SOAAZ.....	SUDAFED CONGESTION.....
SELSUN BLUE NATURALS	<i>sodium chloride</i>	SUDAFED SINUS CONGESTION
DRYSCALP.....	<i>sodium chloride (gu irrigant)</i>..	.....
SELZENTRY.....	<i>sodium chloride (inhalant)</i>	SUDAFED SINUS
SE-NATAL 19.....	<i>sodium chloride hypertonic</i>	CONGESTION24 HOUR.....
<i>sennosides</i>	<i>sodium citrate & citric acid</i>	<i>sulfacetamide sodium (ophth)</i> 86
<i>sennosides-docusate sodium</i> ..	<i>sodium fluoride</i>	<i>sulfacetamide sod-prednisolone</i>
SENOKOT.....	<i>sodium phosphates</i>.....	.....
SENOKOT S.....	<i>sodium polystyrene sulfonate</i> 79	<i>sulfadiazine</i>
SENSIPAR.....	SOFOSBUVIR/VELPATASVIR....	<i>sulfamethoxazole-trimethoprim</i>
SEREVENT DISKUS.....	SOLU-CORTEF.....	.....
SEROQUEL.....	SOLU-MEDROL.....	<i>sulfasalazine</i>
<i>sertraline hcl</i>	<i>sorafenib tosylate</i>	<i>sulindac</i>
<i>sevelamer carbonate</i>	<i>sotalol hcl</i>	<i>sumatriptan succinate</i>
SFROWASA.....	<i>sotalol hcl (afib/af)</i>	<i>sunitinib malate</i>
SHINGRIX.....	SPACER/AEROCHAMBER.....	SUPER OMEGA-3.....
<i>sildenafil citrate (pulmonary</i>	<i>spinosad</i>	SUPER TWIN EPA/DHA.....
<i>hypertension)</i>	SPIRIVA HANDIHALER.....	SUPRAX.....
SILVADENE.....	<i>spironolactone</i>	SUPRESS-PE PEDIATRIC.....
<i>silver sulfadiazine</i>		SUSTIVA.....
<i>simethicone</i>		

SUTENT.....	30	LOCK/3ML/25GX1".....	74	<i>terconazole vaginal</i>	99
SYMAX DUOTAB.....	93	SYRINGE/LUER		TESSALON PERLES.....	42
SYMBICORT.....	12	LOCK/3ML/25GX5/8".....	74	<i>testosterone cypionate</i>	8
SYMLINPEN 120.....	19	SYRINGE/LUER SLIP/1ML.....	74	<i>testosterone enanthate</i>	8
SYMLINPEN 60.....	19	SYRINGE/LUER SLIP/3ML.....	74	TETANUS/DIPHTHERIA	
SYMTUZA.....	35	SYRINGES/LUER		TOXOIDS-ADSORBED ADULT..	92
SYNAGIS.....	88	LOCK/1ML/20GX1".....	74	<i>tetracaine hcl (ophth)</i>	86
SYNJARDY.....	19	SYRINGES/LUER		<i>tetrahydrozoline hcl (ophth)</i> ...	86
SYNTHROID.....	92	LOCK/WITHOUT NEEDLE/3ML	74	<i>tetrahydrozoline w/ zinc sulfate</i>	86
SYRINGE/LUER LOCK/3ML.....	74	NEEDLE/1ML.....	74	<i>tetrahydrozoline-dextran-</i>	
SYRINGE/LUER LOCK/3ML/20G		SYSTANE.....	85	<i>polyethylene glycol-povidone</i> .	86
X 1".....	74	SYSTANE ULTRA.....	85	THALOMID.....	78
SYRINGE/LUER LOCK/3ML/21G		<i>tacrolimus</i>	79	<i>theophylline</i>	12
X 1-1/2".....	74	TAMIFLU.....	36	THERA-D 4000.....	99
SYRINGE/LUER		<i>tamoxifen citrate</i>	29	THERANATAL CORE NUTRITION	
LOCK/3ML/21GX1-1/2".....	74	<i>tamsulosin hcl</i>	57	.....	82
SYRINGE/LUER LOCK/3ML/22G		TAPAZOLE.....	91	THERAPEUTIC DANDRUFF.....	51
X 1".....	74	TARGRETIN.....	30	THERAPEUTIC T+PLUS	
SYRINGE/LUER LOCK/3ML/22G		TAVNEOS.....	58	MAXIMUM STRENGTH.....	51
X 1-1/2".....	74	TAYTULLA.....	40	THERATEARS.....	85
SYRINGE/LUER		TDVAX.....	92	<i>thiamine hcl</i>	100
LOCK/3ML/22GX1".....	74	TECARTUS.....	29	<i>thiamine mononitrate</i>	100
SYRINGE/LUER		TEGRETOL.....	15	<i>thioridazine hcl</i>	32
LOCK/3ML/22GX1-1/2".....	74	TEGRETOL-XR.....	15	<i>thiothixene</i>	33
SYRINGE/LUER LOCK/3ML/23G		<i>temazepam</i>	60	THRIVITE RX.....	82
X 1".....	74	TEMOVATE.....	50	<i>thyroid</i>	92
SYRINGE/LUER LOCK/3ML/23G		TENIVAC.....	92	<i>tiagabine hcl</i>	15
X 1-1/2".....	74	<i>tenofovir disoproxil fumarate</i> .	35	TIAZAC.....	37
SYRINGE/LUER		TENORETIC 100.....	26	TIGAN.....	22
LOCK/3ML/23GX1".....	74	TENORETIC 50.....	27	TIKOSYN.....	11
SYRINGE/LUER LOCK/3ML/25G		TENORMIN.....	36	<i>timolol maleate (ophth)</i>	85
X 1".....	74	<i>terazosin hcl</i>	26	TIMOPTIC.....	85
SYRINGE/LUER LOCK/3ML/25G		<i>terbinafine hcl</i>	23	TIMOPTIC OCUDOSE.....	85
X 1-1/2".....	74	<i>terbinafine hcl (topical)</i>	47	TIMOPTIC-XE.....	85
SYRINGE/LUER LOCK/3ML/25G					
X 5/8".....	74				
SYRINGE/LUER					

TINACTIN.....	47,48	(mouth).....	79	TUMS CHEWY BITES.....	9
TINACTIN DEODORANT.....	48	<i>triamcinolone acetonide (nasal)</i>		TUMS CHEWY DELIGHTS.....	9
TINACTIN JOCK ITCH.....	48	.....	83	TUMS E-X 750.....	9
TIVDAK.....	29	<i>triamcinolone acetonide</i>		TUMS EXTRA STRENGTH 750....	9
TIVICAY.....	35	(topical).....	50	TUMS LASTING EFFECTS.....	9
TIVICAY PD.....	35	TRIAMCINOLONE ACETONIDE		TUMS SMOOTHIES.....	9
<i>tizanidine hcl</i>	83	PF.....	41	TUMS ULTRA 1000.....	9
TOBRADEX.....	87	<i>triamterene</i>	54	TUSICOF.....	45
TOBRADEX ST.....	87	<i>triamterene &</i>		TUSNEL C.....	45
<i>tobramycin (ophth)</i>	86	<i>hydrochlorothiazide</i>	54	TUSNEL DM.....	45
<i>tobramycin-dexamethasone</i> ..	87	TRICARE.....	83	TUSSI-PRES PEDIATRIC.....	45
TOBREX.....	86	TRICOR.....	25	TUSSLIN.....	45
<i>tolbutamide</i>	21	<i>trifluoperazine hcl</i>	33	TUSSLIN PEDIATRIC.....	45
<i>tolmetin sodium</i>	4	<i>trifluridine</i>	86	TWINRIX.....	98
<i>tolnaftate</i>	48	<i>trihexyphenidyl hcl</i>	30	TYBLUME.....	40
TOPAMAX.....	15	TRIJARDY XR.....	19	TYBOST.....	35
TOPAMAX SPRINKLE.....	15	TRILEPTAL.....	15	TYKERB.....	30
<i>topiramate</i>	15	<i>trimethobenzamide hcl</i>	22	TYLENOL.....	4
TOPROL XL.....	36	<i>trimethoprim</i>	27	TYLENOL CHILDRENS.....	4
<i>toremifene citrate</i>	29	TRIMETHOPRIM.....	27	TYLENOL CHILDRENS PAIN	
<i>toremide</i>	54	<i>trimipramine maleate</i>	18	+FEVER.....	5
TOVIAZ.....	94	TRINATAL RX 1.....	83	TYLENOL COLD/FLU/DAY/MULT-	
TRACLEER.....	37	TRIPLE OMEGA-3-6-9.....	2	ACTION/DAY.....	45
TRADJENTA.....	20	TRIUMEQ.....	35	TYLENOL EXTRA STRENGTH.....	5
<i>tramadol hcl</i>	6	TRODELVY.....	30	TYLENOL FOR	
<i>tramadol-acetaminophen</i>	6	<i>tropicamide</i>	85	CHILDREN/ADULTS.....	5
<i>trandolapril</i>	25	TRUEPLUS GLUCOSE.....	20	TYLENOL INFANTS PAIN+FEVER5	
TRANXENE T.....	10	TRUEPLUS GLUCOSE ON THE GO		UBRELVY.....	75
TRAVATAN Z.....	88	.....	20	UDENYCA.....	58
<i>travoprost</i>	88	TRULICITY.....	20	ULORIC.....	58
<i>trazodone hcl</i>	18	TRUMENBA.....	95	ULTICARE SYRINGE/LOW	
<i>tretinoin (chemotherapy)</i>	30	TRUSOPT.....	87	DEADSPACE/3ML/22G X1-1/2"	
TRIAMCINOLONE ACETONIDE	41	TRUVADA.....	35	.....	74
<i>triamcinolone acetonide</i>		TUDORZA PRESSAIR.....	11	ULTICARE TUBERCULIN SAFETY	
		TUMS.....	9	SYRINGE/1ML/25G X 5/8".....	74

ULTRA OMEGA 3.....	84	VANCOMYCIN HCL + SYRSPENDSF PH4.....	27	VANISHPOINT SYRINGE/3ML/25G X 5/8".....	75
ULTRA OMEGA-3 FISH OIL BURP-LESS.....	84	VANCOMYCIN HYDROCHLORIDE	27	VANISHPOINT TUBERCULIN SYRINGE 1ML/25G X 5/8".....	75
ULTRACET.....	7	VANDAZOLE.....	99	VANISHPOINT TUBERCULIN SYRINGE 1ML/27GX1/2".....	75
ULTRAM.....	6	VANISHPOINT SAFETY SYRINGE/3ML/20GX1".....	74	VAQTA.....	98
UNASYN.....	89	VANISHPOINT SAFETY SYRINGE/3ML/21GX1-1/2".....	74	<i>varenicline tartrate</i>	91
UNASYN BULK PACK.....	89	VANISHPOINT SAFETY SYRINGE/3ML/22GX1".....	74	VARIVAX.....	98
UNISOM SLEEPGELS.....	59	VANISHPOINT SAFETY SYRINGE/3ML/22GX1-1/2".....	75	VASERETIC.....	27
UNISOM SLEEPMELTS.....	59	VANISHPOINT SAFETY SYRINGE/3ML/23GX1".....	75	VASOTEC.....	25
UNISOM SLEEPTABS.....	59	VANISHPOINT SAFETY SYRINGE/3ML/23GX1-1/2".....	75	VEMLIDY.....	36
<i>urea</i>	50	VANISHPOINT SAFETY SYRINGE/3ML/25GX1".....	75	<i>venlafaxine hcl</i>	18
UROCIT-K 10.....	57	VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2".....	75	<i>verapamil hcl</i>	37
UROCIT-K 15.....	57	VANISHPOINT SAFETY SYRINGE/3ML/25GX5/8".....	75	VERELAN.....	37
UROCIT-K 5.....	57	VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2".....	75	VERELAN PM.....	37
UROXATRAL.....	57	VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2".....	75	VIBRAMYCIN.....	91
URSO 250.....	56	VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2".....	75	VICTOZA.....	20
URSO FORTE.....	56	VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2".....	75	VIGAMOX.....	86
<i>ursodiol</i>	56	VANISHPOINT SAFETY SYRINGE/3ML/25GX5/8".....	75	VIMPAT.....	15
UTOPIC.....	50	VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2".....	75	VINATE ONE.....	83
VAGIFEM.....	99	VANISHPOINT SAFETY SYRINGE/3ML/25GX1-1/2".....	75	VIRACEPT.....	35
<i>valacyclovir hcl</i>	36	VANISHPOINT SYRINGE/3ML/25GX5/8".....	75	VIRAMUNE.....	35
VALCYTE.....	35	VANISHPOINT SYRINGE/3ML/20G X 1".....	75	VIRAMUNE XR.....	35
<i>valganciclovir hcl</i>	35	VANISHPOINT SYRINGE/3ML/21G X 1-1/2".....	75	VIREAD.....	35
VALIUM.....	10	VANISHPOINT SYRINGE/3ML/22G X 1".....	75	VIRUSSIN DAC.....	45
<i>valproate sodium</i>	16	VANISHPOINT SYRINGE/3ML/22G X 1-1/2".....	75	VISINE RED EYE COMFORT.....	86
<i>valproic acid</i>	16	VANISHPOINT SYRINGE/3ML/23G X 1".....	75	VISTA GEL.....	85
<i>valsartan</i>	25	VANISHPOINT SYRINGE/3ML/23G X 1-1/2".....	75	VISTARIL.....	10
<i>valsartan-hydrochlorothiazide</i>	27	VANISHPOINT SYRINGE/3ML/23G X 1".....	75	VITAFOL-OB.....	83
VALTRESX.....	36	VANISHPOINT SYRINGE/3ML/23G X 1-1/2".....	75	VITAMIN D2.....	99
VANAMINE PD.....	23	VANISHPOINT SYRINGE/3ML/25G X 1".....	75	VITAMIN D3.....	99
VANOCIN.....	27	VANISHPOINT SYRINGE/3ML/25G X 1-1/2".....	75	<i>vitamin e</i>	99
VANCOMYCIN.....	27	VANISHPOINT SYRINGE/3ML/25G X 1-1/2".....	75	VITAMIN E.....	99
<i>vancomycin hcl</i>	27			VITATHELY/GINGER.....	83

VIVELLE-DOT.....	56	ZADITOR.....	87	ZYRTEC ALLERGY.....	24
VIVITROL.....	22	ZANAFLEX.....	83	ZYRTEC ALLERGY CHILDRENS..	24
VOL-PLUS.....	83	ZARONTIN.....	15,16	ZYRTEC CHILDRENS ALLERGY..	24
VOL-TAB RX.....	83	ZEMAIRA.....	91	ZYRTEC-D	
VOLTAREN.....	48	ZENPEP.....	53,54	ALLERGY/CONGESTION.....	45
VOTRIENT.....	30	ZESTORETIC.....	27	ZYVOX.....	28
VPRIV.....	58	ZESTRIL.....	25	ZZZQUIL.....	59
VYVANSE.....	1	ZETIA.....	25		
WALGREENS GLUCOSE.....	20	ZIAC.....	27		
WAL-SLEEP Z LIQUID SHOTS... 59		ZIAGEN.....	35		
<i>warfarin sodium</i>	12	<i>zidovudine</i>	35		
WELLBUTRIN SR.....	16	<i>zinc oxide (topical)</i>	52		
WELLBUTRIN XL.....	16	ZIOPTAN.....	88		
WESTAB PLUS.....	83	<i>ziprasidone hcl</i>	31		
XALATAN.....	88	ZITHROMAX.....	62		
XALKORI.....	30	ZITHROMAX TRI-PAK.....	62		
XANAX.....	10,11	ZITHROMAX Z-PAK.....	62		
XANAX XR.....	11	ZOCOR.....	25		
XARELTO.....	13	ZOFRAN.....	22		
XARELTO STARTER PACK.....	13	ZOLINZA.....	30		
XELJANZ.....	2	<i>zolmitriptan</i>	76		
XEROSTOMIA RELIEF SPRAY... 80		ZOLOFT.....	17		
XIGDUO XR.....	19	<i>zolpidem tartrate</i>	60		
XOLAIR.....	11	ZOMIG.....	76		
XOLEGEL.....	48	ZOMIG ZMT.....	76		
XOLIDO.....	52	ZONEGRAN.....	15		
XOSPATA.....	30	<i>zonisamide</i>	15		
XTAMPZA ER.....	6	ZORTRESS.....	79		
XULANE.....	40	ZOSYN.....	89		
XYLOCAINE.....	61	ZOVIRAX.....	36,48		
XYLOCAINE-MPF.....	61	ZYLOPRIM.....	58		
YASMIN 28.....	40	ZYNCOF.....	45		
YAZ.....	40	ZYPREXA.....	32		
ZACLIR CLEANSING.....	46	ZYPREXA ZYDIS.....	32		