

Comprehensive

PREFERRED DRUG LIST



Pharmacy Program

YouthCare HealthChoice Illinois (YouthCare) is committed to providing high quality drug coverage to our members. We work with providers and pharmacists, as well as the Illinois Department of Healthcare and Family Services and the Department of Children and Family Services to make sure we cover drugs used to treat many conditions and diseases. YouthCare covers prescription and certain over-the-counter (OTC) medications when ordered by a network provider. The pharmacy program does not cover all medications. Some medications require prior authorization (PA) or have limitations on age, dosage, and maximum quantities.

Filling a Prescription

You can have your prescriptions filled at a network pharmacy. At the pharmacy, you will need to give the pharmacist your prescription and your ID card. You can find a pharmacy that is in the YouthCare network by using the Find a Provider tool on www.ilyouthcare.com. If you need help finding a pharmacy near you, or if you have any questions about drug coverage, call us at 844-289-2264 (TTY: 711).

There is no cost for covered drugs.

If your medication is not on the preferred drug list or is on the preferred drug list but has limitations, you can:

1. Speak with your doctor about switching to a similar medication that is on the preferred drug list.
2. Request a prior authorization, or speak to your doctor about submitting a prior authorization for you. You or your doctor may do this by submitting the medication prior authorization form, found on www.ilyouthcare.com.

Psychotropic Medication Consent (DCFS Rule 325)

For Children in YouthCare whom the Illinois Department of Children and Family Services (DCFS) is legally responsible for, consent must be obtained prior to the administration of any psychotropic medication. Consent requests must be submitted directly to the DCFS Centralized Consent Unit (CCU) using Form CSF431-A, available on www2.illinois.gov/dcfs.

[CFS 431-A Psychotropic Medication Request Form](#)

[CFS 431-A Psychotropic Medication Request Cover Sheet](#)

Generic Drugs

Generic drugs have the same active ingredient and work the same as brand name drugs. When generic drugs are available, the brand name drug will not be covered without prior authorization, unless the brand name is preferred over the generic.

Specialty Drugs

Specialty drugs are usually not available at retail pharmacies, and require additional review and monitoring. These drugs are only covered when supplied by a YouthCare network specialty pharmacy. We work with AcariaHealth to help oversee these drugs. Prior authorization request forms for specialty drugs are located on the YouthCare website at www.ilyouthcare.com.

Pharmacy Benefit Exclusions

The following drug categories are not part of the YouthCare pharmacy benefit:

- Fertility enhancing drugs
- Anorexia, weight loss, or weight gain drugs
- Durable Medical Equipment (DME) products and medical supplies (unless listed on the PDL)
- Drugs and other agents used for cosmetic purposes or for hair growth
- Erectile dysfunction drugs prescribed to treat impotence
- Drug Efficacy Study Implementation (DESI) and Identical, Related and Similar (IRS) drugs that are classified as ineffective
- OTC products (unless listed on the PDL)
- Drugs not included in the Medicaid Drug Rebate Program, drug product data file (unless listed on the PDL)

Legend

P	Preferred Drug	Drugs preferred by YouthCare
NP	Non-Preferred	Drugs not preferred by YouthCare
AL	Age Limit	Drug is limited to specific ages
PA	Prior Authorization	Prior Authorization required before prescription can be filled
QL	Quantity Limit	There is a limit on the amount of drug covered per prescription, or within a specific time frame
SP	Specialty Drug	Products that must be dispensed by a specialty pharmacy
ST	Step Therapy	Requires trial and failure of one or more preferred products prior to coverage
RX/OTC	Both RX and OTC NDCs	Over the Counter (OTC) products eligible for coverage with a valid prescription written by a licensed physician/clinician
MP	Maintenance Product	Products used to treat long-term conditions or illnesses, available for a 90-Day (3-month) supply
NF	Non-formulary	Drugs that are not included on the formulary by YouthCare.

The publication date of this preferred drug list appears at the bottom of all subsequent pages, and this list is accurate of that date.

For more information regarding the preferred drug list or to receive updated information, call YouthCare at 1-844-289-2264 (TTY: 711) from 8:00 a.m. – 6:00 p.m. Monday through Friday, or email ILYouthCare@centene.com.

For a printed copy of the preferred drug list or to report inaccuracies, call YouthCare at 1-844-289-2264 (TTY: 711) from 8:00 a.m. – 6:00 p.m. Monday through Friday, or email ILYouthCare@centene.com.

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - Drugs to Treat ADHD, Sleep and Eating Disorders		
Amphetamines		
ADDERALL XR CP24 PO (Use amphetamine-dextroamphetamine)	NP	QL(1 EA daily); AL(At least 6 yrs old)
ADDERALL TABS PO (Use amphetamine-dextroamphetamine)	NP	QL(2 EA daily); AL(At least 3 yrs old)
ADZENYS XR-ODT TBED	NP	
amphetamine sulfate TABS PO	NP	
amphetamine-dextroamphetamine CP24 PO 12.5 MG, 25 MG, 37.5 MG, 50 MG	NP	
amphetamine-dextroamphetamine CP24 PO 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	P	QL(1 EA daily); AL(At least 6 yrs old)
amphetamine-dextroamphetamine TABS PO	P	QL(2 EA daily); AL(At least 3 yrs old)
DESOXYN PO (Use methamphetamine hcl)	NP	
DEXEDRINE CP24 PO 10 MG, 15 MG (Use dextroamphetamine sulfate)	NP	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 PO 10 MG, 15 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate CP24 PO 5 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
dextroamphetamine sulfate SOLN PO	NP	
dextroamphetamine sulfate TABS PO 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG	NP	

Drug Name	Drug Tier	Requirements/Limits
dextroamphetamine sulfate TABS PO 5 MG, 10 MG	NP	QL(3 EA daily); AL(At least 3 yrs old)
DYANAVAL XR SUER	P	PA
DYANAVAL XR TBCR	NP	
EVEKEO ODT TBDP	NP	
EVEKEO TABS PO (Use amphetamine sulfate)	NP	
lisdexamfetamine dimesylate CAPS PO	NP	QL(1 EA daily)
lisdexamfetamine dimesylate CHEW	NP	QL(1 EA daily)
methamphetamine hcl PO	NP	
MYDAYIS CP24 PO (Use amphetamine-dextroamphetamine)	NP	
VYVANSE CAPS PO	P	QL(1 EA daily)
VYVANSE CHEW	P	QL(1 EA daily)
XELSTRYM	NP	
Analeptics		
CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate)	NF	
caffeine citrate SOLN PO	P	QL(45 ML per fill retail); AL(Up to 18 yrs old)
Attention-Deficit/Hyperactivity Disorder (ADHD) Agents		
atomoxetine hcl PO 10 MG, 18 MG, 25 MG, 40 MG, 60 MG, 100 MG	NP	AL(At least 6 yrs old); MP
atomoxetine hcl PO 80 MG	NP	MP
clonidine hcl (adhd) TB12 PO	P	MP
guanfacine hcl (adhd) PO	P	QL(1 EA daily); AL(At least 6 yrs old); MP
INTUNIV PO (Use guanfacine hcl (adhd))	NP	QL(1 EA daily); AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QELBREE	NP		FOCALIN TABS PO 10 MG (Use dexamethylphenidate hcl)	NP	AL(At least 6 yrs old)
STRATTERA PO (Use atomoxetine hcl)	P	AL(At least 6 yrs old); MP	FOCALIN TABS PO 2.5 MG, 10 MG (Use dexamethylphenidate hcl)	NF	
Dopamine and Norepinephrine Reuptake Inhibitors (DNRI)			FOCALIN TABS PO 2.5 MG, 5 MG (Use dexamethylphenidate hcl)	NP	QL(2 EA daily); AL(At least 6 yrs old)
SUNOSI PO	NP		JORNAY PM CP24 PO	P	PA
Histamine H3-Receptor Antagonist/Inverse Agonists			METADATE CD CPR PO (Use methylphenidate hcl)	NF	
WAKIX	NP	SP	METHYLIN SOLN PO (Use methylphenidate hcl)	NP	
Stimulants - Misc.			methylphenidate hcl CHEW PO	NP	
APTENSIO XR CP24 PO (Use methylphenidate hcl)	NP		methylphenidate hcl CP24 PO	NP	
armodafinil PO	NP		methylphenidate hcl CPR PO	NP	QL(1 EA daily); AL(At least 6 yrs old)
AZSTARYS	NP		methylphenidate hcl SOLN PO	NP	
CONCERTA TBCR PO 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	P	QL(1 EA daily); AL(At least 6 yrs old)	methylphenidate hcl TABS PO 10 MG, 20 MG	P	QL(3 EA daily); AL(At least 3 yrs old)
CONCERTA TBCR PO 36 MG (Use methylphenidate hcl)	P	QL(2 EA daily); AL(At least 6 yrs old)	methylphenidate hcl TABS PO 5 MG	P	QL(6 EA daily); AL(At least 3 yrs old)
COTEMPLA XR-ODT TBED	NP		methylphenidate hcl TB24 PO 18 MG, 27 MG, 54 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
DAYTRANA PTCH 10 MG/9HR, 20 MG/9HR, 30 MG/9HR (Use methylphenidate)	P	PA	methylphenidate hcl TB24 PO 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
DAYTRANA PTCH 15 MG/9HR (Use methylphenidate)	P	QL(3 EA daily); PA	methylphenidate hcl TBCR PO 18 MG, 27 MG, 54 MG	NP	QL(1 EA daily); AL(At least 6 yrs old)
dexamethylphenidate hcl CP24 PO	NP		methylphenidate hcl TBCR PO 45 MG, 63 MG, 72 MG	NP	
dexamethylphenidate hcl TABS PO	P	QL(2 EA daily); AL(At least 6 yrs old)	methylphenidate hcl TBCR PO 36 MG	NP	QL(2 EA daily); AL(At least 6 yrs old)
FOCALIN XR CP24 PO 5 MG (Use dexamethylphenidate hcl)	NF				
FOCALIN XR CP24 PO (Use dexamethylphenidate hcl)	P				

Drug Name	Drug Tier	Requirements/Limits
<i>methylphenidate hcl TBCR PO 20 MG</i>	P	QL(1 EA daily); AL(At least 6 yrs old)
<i>methylphenidate hcl TBCR PO 10 MG</i>	P	QL(2 EA daily); AL(At least 6 yrs old)
<i>methylphenidate PTCH 15 MG/9HR</i>	NP	QL(3 EA daily)
<i>methylphenidate PTCH 10 MG/9HR, 20 MG/9HR, 30 MG/9HR</i>	NP	
<i>modafinil PO</i>	P	
<i>NUVIGIL PO (Use armodafinil)</i>	NP	
<i>PROVIGIL PO (Use modafinil)</i>	NP	
<i>QUILLICHEW ER CHER PO</i>	NP	
<i>QUILLIVANT XR SRER PO</i>	NP	
<i>RELEXXII TBCR PO 45 MG, 63 MG, 72 MG (Use methylphenidate hcl)</i>	NP	
<i>RELEXXII TBCR PO 36 MG</i>	NP	QL(2 EA daily); AL(At least 6 yrs old)
<i>RELEXXII TBCR PO 18 MG, 27 MG, 54 MG</i>	NP	QL(1 EA daily); AL(At least 6 yrs old)
<i>RELEXXII TBCR PO 45 MG, 63 MG, 72 MG</i>	NP	
<i>RITALIN LA CP24 PO (Use methylphenidate hcl)</i>	NP	
<i>RITALIN TABS PO 10 MG, 20 MG (Use methylphenidate hcl)</i>	NF	
<i>RITALIN TABS PO 10 MG, 20 MG (Use methylphenidate hcl)</i>	NP	QL(3 EA daily); AL(At least 3 yrs old)
<i>RITALIN TABS PO 5 MG (Use methylphenidate hcl)</i>	NP	QL(6 EA daily); AL(At least 3 yrs old)
AMEBICIDES		
Amebicides		

Drug Name	Drug Tier	Requirements/Limits
SOLOSEC	NP	
AMINOGLYCOSIDES - Drugs to Treat Bacterial Infections		
Aminoglycosides		
<i>amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML</i>	P	
ARIKAYCE	NP	SP
BETHKIS NEBU (Use tobramycin)	NF	SP
BETHKIS NEBU (Use tobramycin)	NP	SP
<i>gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 %</i>	P	
<i>gentamicin sulfate IJ</i>	P	
KITABIS PAK NEBU (Use tobramycin)	P	SP
<i>neomycin sulfate TABS PO</i>	P	
TOBI PODHALER CAPS	NP	SP
TOBI NEBU (Use tobramycin)	NP	SP
TOBI NEBU (Use tobramycin)	NF	SP
<i>tobramycin sulfate SOLN IJ 1.2 GM/30ML</i>	P	
<i>tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML</i>	P	
<i>tobramycin sulfate SOLR</i>	P	
<i>tobramycin NEBU</i>	NP	SP
ANALGESICS - ANTI-INFLAMMATORY - Drugs to Treat Pain, Swelling, Muscle and Joint Conditions		
Antirheumatic - Enzyme Inhibitors		
OLUMIANT	NP	SP
RINVOQ TB24 PO	NP	SP
XELJANZ XR TB24 PO	P	SP; PA
XELJANZ SOLN	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XELJANZ SOLN	P	SP; PA	AMJEVITA-PED 10KG TO <15KG SOSY	NP	SP
XELJANZ TABS	P	SP; PA	AMJEVITA-PED 15KG TO <30KG SOSY	NP	SP
Antirheumatic Antimetabolites			AMJEVITA SOAJ	NP	SP
OTREXUP SOAJ 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	NP	SP	AMJEVITA SOSY	NP	SP
RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML	NP	SP	CYLTEZO (2 PEN) AJKT	NP	SP
Anti-TNF-alpha - Monoclonal Antibodies			CYLTEZO (2 SYRINGE) PSKT	NP	SP
ABRILADA (1 PEN) AJKT	NP	SP	CYLTEZO-CD/UC/HS STARTER AJKT	NP	SP
ABRILADA (2 PEN) AJKT	NP	SP	CYLTEZO-PSORIASIS/UV STARTER AJKT	NP	SP
ABRILADA (2 SYRINGE) PSKT	NP	SP	HADLIMA PUSHTOUCH SOAJ	NP	SP
ADALIMUMAB-AACF (2 PEN) AJKT	NP	SP	HADLIMA SOSY	NP	SP
ADALIMUMAB-ADAZ SOAJ 40 MG/0.4ML	NP	SP	HULIO (2 PEN) AJKT	NP	SP
ADALIMUMAB-ADAZ SOSY 40 MG/0.4ML	NP	SP	HULIO (2 SYRINGE) PSKT	NP	SP
ADALIMUMAB-ADBM (2 PEN) AJKT	NP	SP	HUMIRA (2 PEN) AJKT	P	SP
ADALIMUMAB-ADBM (2 SYRINGE) PSKT	NP	SP	HUMIRA (2 SYRINGE) PSKT	P	SP; PA
ADALIMUMAB-ADBM(CD/UC/HS STRT) AJKT	NP	SP	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML	P	SP
ADALIMUMAB-ADBM(PS/UV STARTER) AJKT	NP	SP	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML	P	SP; PA
ADALIMUMAB-FKJP (2 PEN) AJKT	NP	SP	HUMIRA-PED<40KG CROHNS STARTER PSKT	P	SP; PA
ADALIMUMAB-FKJP (2 SYRINGE) PSKT	NP	SP	HUMIRA-PED>=40KG CROHNS START PSKT	P	SP; PA
			HUMIRA-PED>=40KG UC STARTER AJKT	P	SP
			HUMIRA-PS/UV/ADOL HS STARTER AJKT	P	SP; PA
			HUMIRA-PSORIASIS/UEVIT STARTER AJKT	P	SP; PA

Illinois YouthCare

Updated February 1, 2025

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HYRIMOZ-CROHNS/UC STARTER SOAJ	NP	SP	ACTEMRA ACTPEN SOAJ	NP	SP
HYRIMOZ-PED<40KG CROHN STARTER SOSY	NP	SP	ACTEMRA SOLN	NP	SP
HYRIMOZ-PED>=40KG CROHN START SOSY	NP	SP	ACTEMRA SOSY	NP	SP
HYRIMOZ-PLAQ PSOR/UVEIT START SOAJ	NP	SP	KEVZARA SOAJ	NP	SP
HYRIMOZ SOAJ	NP	SP	KEVZARA SOSY	NP	SP
HYRIMOZ SOSY	NP	SP	Nonsteroidal Anti-inflammatory Agents (NSAIDs)		
IDACIO (2 PEN) AJKT	NP	SP	ADVIL MIGRAINE CAPS PO (Use ibuprofen)	NF	
IDACIO (2 SYRINGE) PSKT	NP	SP	ADVIL CAPS PO (Use ibuprofen)	NF	
IDACIO-CROHNS/UC STARTER AJKT	NP	SP	ADVIL TABS PO (Use ibuprofen)	NF	
IDACIO-PSORIASIS STARTER AJKT	NP	SP	ALEVE TABS PO (Use naproxen sodium)	NF	
SIMPONI ARIA SOLN	NP	SP	ARTHROTEC TBEC PO (Use diclofenac w/ misoprostol)	NP	MP
SIMPONI SOAJ	NP	SP	CELEBREX PO (Use celecoxib)	NP	QL(2 EA daily); MP
SIMPONI SOSY	NP	SP	CELEBREX PO 100 MG, 200 MG (Use celecoxib)	NF	
YUFLYMA (1 PEN) AJKT	NP	SP	celecoxib PO	P	QL(2 EA daily); MP
YUFLYMA (2 PEN) AJKT	NP	SP	CHILDRENS ADVIL SUSP PO 100 MG/5ML (Use ibuprofen)	NF	MP; RX/OTC
YUFLYMA (2 SYRINGE) PSKT 40 MG/0.4ML	NP	SP	CHILDRENS MOTRIN SUSP PO 100 MG/5ML (Use ibuprofen)	NF	MP; RX/OTC
YUFLYMA-CD/UC/HS STARTER AJKT	NP	SP	DAYPRO TABS PO (Use oxaprozin)	NP	MP
YUSIMRY	NP	SP	diclofenac potassium CAPS PO	NP	
Gold Compounds			diclofenac potassium TABS PO 25 MG	NP	
RIDAURA PO	NP		diclofenac potassium TABS PO 50 MG	P	MP
Interleukin-1 Blockers			diclofenac sodium TB24 PO	P	MP
ARCALYST	NP	SP	diclofenac sodium TBEC PO	P	MP
Interleukin-1 Receptor Antagonist (IL-1Ra)					
KINERET SOSY	NP	SP			
Interleukin-1beta Blockers					
ILARIS SOLN	NP	SP			
Interleukin-6 Receptor Inhibitors					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diclofenac w/ misoprostol TBEC PO</i>	NP	MP	MOTRIN INFANTS DROPS SUSP PO (<i>Use ibuprofen</i>)	NF	
<i>DUEXIS (Use ibuprofen-famotidine)</i>	NP		<i>nabumetone PO</i>	P	MP
<i>etodolac CAPS PO</i>	P	MP	<i>NALFON CAPS PO (Use fenoprofen calcium)</i>	NP	MP
<i>etodolac TABS PO</i>	P	MP	<i>NALFON TABS PO (Use fenoprofen calcium)</i>	NP	MP
<i>etodolac TB24 PO</i>	P	MP	<i>NAPRELAN TB24 PO (Use naproxen sodium)</i>	NP	MP
<i>FELDENE CAPS PO (Use piroxicam)</i>	NP	MP	<i>NAPRELAN TB24 PO 500 MG (Use naproxen sodium)</i>	NF	MP
<i>fenoprofen calcium CAPS PO 400 MG</i>	NP	MP	<i>naproxen sodium TABS PO 275 MG, 550 MG</i>	P	MP
<i>fenoprofen calcium TABS PO</i>	NP	MP	<i>naproxen sodium TB24 PO 750 MG</i>	NP	
<i>flurbiprofen TABS PO 100 MG</i>	P	MP	<i>naproxen sodium TB24 PO 375 MG, 500 MG</i>	NP	MP
<i>ibuprofen CAPS PO</i>	P		<i>naproxen-esomeprazole magnesium PO</i>	NP	MP
<i>ibuprofen-famotidine</i>	NP		<i>naproxen SUSP PO</i>	P	MP
<i>ibuprofen SUSP PO</i>	P	MP; RX/OTC	<i>naproxen TABS PO</i>	P	MP
<i>ibuprofen SUSP PO 100 MG/5ML</i>	NP	MP; RX/OTC	<i>naproxen TBEC PO</i>	P	QL(2 EA daily); MP
<i>ibuprofen TABS PO</i>	P		<i>oxaprozin TABS PO</i>	NP	MP
<i>ibuprofen TABS PO</i>	P	MP	<i>piroxicam CAPS PO</i>	NP	MP
<i>indomethacin CAPS PO 25 MG, 50 MG</i>	P	MP	<i>RELAFEN DS PO</i>	NP	
<i>indomethacin CPCR PO</i>	P	MP	<i>sulindac TABS PO</i>	P	MP
<i>indomethacin SUPP PR</i>	P		<i>tolmetin sodium CAPS PO</i>	NP	
<i>indomethacin SUSP PO</i>	P		<i>tolmetin sodium TABS PO 600 MG</i>	NP	
<i>INFANTS ADVIL SUSP PO (Use ibuprofen)</i>	NF		<i>VIMOVO PO (Use naproxen-esomeprazole magnesium)</i>	NP	MP
<i>ketoprofen CP24 PO</i>	NP	MP	Phosphodiesterase 4 (PDE4) Inhibitors		
<i>KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY</i>	NP		<i>OTEZLA TABS PO 30 MG</i>	NP	SP
<i>ketorolac tromethamine TABS PO</i>	P	QL(20 EA per 30 day(s) retail)	<i>OTEZLA TBPK PO</i>	NP	SP
<i>meclofenamate sodium CAPS PO</i>	NP	MP	Pyrimidine Synthesis Inhibitors		
<i>mefenamic acid CAPS PO</i>	NP	MP			
<i>meloxicam CAPS PO</i>	NP				
<i>meloxicam TABS PO</i>	P	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ARAVA PO (Use leflunomide)	NP	QL(1 EA daily)	acetaminophen CAPS PO 500 MG	P	
leflunomide PO	P	QL(1 EA daily)	acetaminophen CHEW PO 80 MG	P	
Selective Costimulation Modulators			acetaminophen ELIX PO	P	
ORENCIA CLICKJECT SOAJ	NP	SP	acetaminophen LIQD PO 160 MG/5ML	P	
ORENCIA SOLR	NP	SP	acetaminophen SOLN PO 160 MG/5ML, 325 MG/10.15ML, 650 MG/20.3ML	P	
ORENCIA SOSY	NP	SP	acetaminophen SUPP PR 120 MG, 650 MG	P	QL(12 EA per 31 day(s) retail)
Soluble Tumor Necrosis Factor Receptor Agents			ACETAMINOPHEN SUPP PR	P	QL(12 EA per 31 day(s) retail)
ENBREL MINI SOCT	P	SP; PA	acetaminophen SUSP PO 160 MG/5ML, 650 MG/20.3ML	P	
ENBREL SURECLICK SOAJ	P	SP; PA	acetaminophen TABS PO 325 MG, 500 MG	P	
ENBREL SOLN	P	SP; PA	FEVERALL JUNIOR STRENGTH SUPP PR	P	QL(12 EA per 31 day(s) retail)
ENBREL SOSY	P	SP; PA	TYLENOL CHILDRENS PAIN + FEVER SUSP PO (Use acetaminophen)	NF	
ANALGESICS - NonNarcotic - Drugs to Treat Pain, Muscle and Joint Conditions			TYLENOL CHILDRENS SUSP PO (Use acetaminophen)	NF	
Analgesic Combinations			TYLENOL EXTRA STRENGTH TABS PO (Use acetaminophen)	NF	
butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-300 MG	P		TYLENOL FOR CHILDREN + ADULTS SUSP PO (Use acetaminophen)	NF	
butalbital-acetaminophen-caffeine CAPS PO 40 MG-50 MG-325 MG	P	QL(4 EA daily)	TYLENOL INFANTS PAIN+FEVER SUSP PO (Use acetaminophen)	NF	
butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG	P	QL(4 EA daily)	TYLENOL CAPS PO (Use acetaminophen)	NF	
butalbital-acetaminophen CAPS PO 50 MG-300 MG	NP		TYLENOL TABS PO (Use acetaminophen)	NF	
butalbital-acetaminophen TABS PO 50 MG-300 MG, 50 MG-325 MG	P		Salicylates		
butalbital-aspirin-caffeine CAPS PO	P	QL(4 EA daily)			
ESGIC TABS PO (Use butalbital-acetaminophen-caffeine)	NP	QL(4 EA daily)			
FIORICET CAPS PO (Use butalbital-acetaminophen-caffeine)	NP				
Analgesics Other					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>aspirin buffered (cal carb-mag carb-mag oxide) PO</i>	P		<i>hydrocodone bitartrate CP12 PO</i>	NP	
<i>aspirin CHEW PO</i>	P		<i>hydrocodone bitartrate T24A</i>	NP	
BUFFERIN PO (<i>Use aspirin buffered (cal carb-mag carb-mag oxide)</i>)	NF		<i>hydromorphone hcl LIQD PO</i>	P	
<i>diflunisal TABS PO</i>	P		HYDROMORPHONE HCL SUPP PR	P	QL(12 EA per fill retail)
<i>salsalate PO</i>	P		<i>hydromorphone hcl TABS PO</i>	P	QL(180 EA per 27 day(s) retail)
ANALGESICS - OPIOID - Drugs to Treat Pain, Muscle and Joint Conditions			<i>hydromorphone hcl TB24 PO</i>	NP	
Opioid Agonists			HYSINGLA ER T24A	NP	
ACTIQ LPOP 200 MCG, 400 MCG, 600 MCG, 800 MCG, 1200 MCG (<i>Use fentanyl citrate</i>)	NP		<i>levorphanol tartrate TABS PO</i>	NP	
ACTIQ LPOP 1600 MCG (<i>Use fentanyl citrate</i>)	NF		<i>meperidine hcl SOLN PO 50 MG/5ML</i>	NP	QL(500 ML per fill retail)
<i>codeine sulfate TABS PO 30 MG</i>	P	QL(2 EA daily); AL(At least 12 yrs old)	<i>meperidine hcl TABS PO 50 MG</i>	NP	QL(180 EA per 27 day(s) retail)
CODEINE SULFATE TABS PO 15 MG	P	QL(2 EA daily)	<i>methadone hcl CONC PO</i>	NP	
CODEINE SULFATE TABS PO 60 MG	P	QL(2 EA daily); AL(At least 12 yrs old)	<i>methadone hcl SOLN PO</i>	NP	
CONZIP CP24 PO (<i>Use tramadol hcl</i>)	NP		METHADONE HCL SOLN IJ (<i>Use methadone hcl</i>)	NF	
DILAUDID LIQD PO (<i>Use hydromorphone hcl</i>)	NP		<i>methadone hcl TABS PO 5 MG</i>	NP	QL(4 EA daily)
DILAUDID TABS PO (<i>Use hydromorphone hcl</i>)	NP	QL(180 EA per 27 day(s) retail)	<i>methadone hcl TABS PO 10 MG</i>	NP	QL(10 EA daily)
<i>fentanyl citrate LPOP</i>	NP		<i>methadone hcl TBSO PO</i>	NP	
<i>fentanyl citrate TABS</i>	NP		METHADOSE SUGAR-FREE CONC PO (<i>Use methadone hcl</i>)	NP	
<i>fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR</i>	NP	QL(0.34 EA daily)	METHADOSE CONC PO (<i>Use methadone hcl</i>)	NP	
<i>fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR</i>	NP		<i>morphine sulfate beads PO</i>	NP	
FENTORA TABS (<i>Use fentanyl citrate</i>)	NP		<i>morphine sulfate CP24 PO 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG</i>	NP	
			<i>morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML</i>	P	QL(240 ML per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML</i>	P	QL(500 ML per 23 day(s) retail)	<i>tramadol hcl TABS PO 25 MG, 100 MG</i>	NP	AL(At least 18 yrs old)
<i>morphine sulfate SUPP PR</i>	P	QL(24 EA per fill retail)	<i>tramadol hcl TB24 PO</i>	NP	
<i>morphine sulfate TABS PO</i>	P	QL(180 EA per 27 day(s) retail)	XTAMPZA ER	NP	
<i>morphine sulfate TBCR PO</i>	P	QL(3 EA daily); PA	Opioid Combinations		
MS CONTIN TBCR PO (Use <i>morphine sulfate</i>)	NP	QL(3 EA daily)	<i>acetaminophen w/ codeine SOLN PO</i>	P	QL(30 ML daily); AL(At least 12 yrs old)
NUCYNTA ER TB12 PO	NP		<i>acetaminophen w/ codeine TABS PO 15 MG-300 MG, 30 MG-300 MG, 60 MG-300 MG</i>	P	QL(180 EA per 27 day(s) retail); AL(At least 12 yrs old)
NUCYNTA TABS PO	NP		<i>acetaminophen-caff-dihydrocod CAPS PO 30 MG-320.5 MG-16 MG</i>	NP	
<i>oxycodone hcl CAPS PO</i>	P	QL(180 EA per 27 day(s) retail)	<i>butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-300 MG</i>	NP	
<i>oxycodone hcl CONC PO 100 MG/5ML</i>	P	QL(6 ML daily)	<i>butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-325 MG</i>	NP	QL(4 EA daily); AL(At least 12 yrs old)
<i>oxycodone hcl SOLN PO</i>	P		<i>butalbital-aspirin-caffeine w/cod PO</i>	P	QL(4 EA daily); AL(At least 12 yrs old)
<i>oxycodone hcl T12A PO 10 MG, 20 MG, 40 MG, 80 MG</i>	NP	QL(2 EA daily)	FIORICET/CODEINE PO 30 MG-40 MG-50 MG-300 MG (Use <i>butalbital-acetaminophen-caffeine w/ codeine</i>)	NP	
<i>oxycodone hcl TABS PO</i>	P	QL(180 EA per 27 day(s) retail)	<i>hydrocodone-acetaminophen SOLN PO 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML</i>	P	QL(180 ML daily)
OXYCONTIN T12A PO	NP	QL(2 EA daily)	<i>hydrocodone-acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(180 EA per 27 day(s) retail)
<i>oxymorphone hcl TABS PO</i>	NP				
<i>oxymorphone hcl TB12 PO</i>	NP				
ROXICODONE TABS PO 15 MG, 30 MG (Use <i>oxycodone hcl</i>)	NP	QL(180 EA per 27 day(s) retail)			
ROXYBOND TABA PO 5 MG, 15 MG, 30 MG	NP				
<i>tramadol hcl CP24 PO 100 MG, 200 MG, 300 MG</i>	NP				
<i>tramadol hcl SOLN</i>	NP				
TRAMADOL HCL SOLN (Use <i>tramadol hcl</i>)	NP				
<i>tramadol hcl TABS PO 50 MG</i>	P	QL(8 EA daily); AL(At least 18 yrs old)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydrocodone-acetaminophen TABS PO 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG</i>	P		<i>buprenorphine hcl-naloxone hcl dihydrate SUBL</i>	P	
<i>hydrocodone-ibuprofen PO 10 MG-200 MG, 5 MG-200 MG, 7.5 MG-200 MG</i>	P		<i>buprenorphine hcl SUBL</i>	P	
NALOCET TABS PO	NP		<i>buprenorphine PTWK</i>	NP	
<i>oxycodone w/ acetaminophen SOLN PO</i>	P		<i>butorphanol tartrate NA 10 MG/ML</i>	NP	
<i>oxycodone w/ acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG</i>	P	QL(180 EA per 27 day(s) retail)	BUTRANS PTWK (Use <i>buprenorphine</i>)	NP	
<i>oxycodone w/ acetaminophen TABS PO 325 MG-2.5 MG</i>	P		<i>pentazocine w/ naloxone hcl PO</i>	NP	
PERCOCET TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NP	QL(180 EA per 27 day(s) retail)	SUBLOCADE SOSY	P	SP
PERCOCET TABS PO 325 MG-2.5 MG (Use <i>oxycodone w/ acetaminophen</i>)	NP		SUBOXONE FILM SL (Use <i>buprenorphine hcl-naloxone hcl dihydrate</i>)	P	
PROLATE SOLN PO	NP		ZUBSOLV SUBL	P	
PROLATE TABS PO	NP		ANDROGENS-ANABOLIC - Drugs to Regulate Hormones		
SEGLENTIS	NP		Androgens		
<i>tramadol-acetaminophen PO</i>	NP	QL(4 EA daily); AL(At least 18 yrs old)	ANDROGEL PUMP GEL TD (Use <i>testosterone</i>)	NF	
Opioid Partial Agonists			ANDROGEL GEL TD 25 MG/2.5GM (Use <i>testosterone</i>)	NF	
BELBUCA FILM	NP		FORTESTA GEL TD (Use <i>testosterone</i>)	NF	
BRIXADI (WEEKLY) SOSY	P	SP	TESTIM GEL TD (Use <i>testosterone</i>)	NF	
BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	P	SP	<i>testosterone cypionate SOLN IM 200 MG/ML</i>	P	QL(4 ML per 30 day(s) retail)
<i>buprenorphine hcl-naloxone hcl dihydrate FILM SL</i>	P		<i>testosterone cypionate SOLN IM 100 MG/ML</i>	P	
			TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	P	QL(4 ML per 30 day(s) retail)
			<i>testosterone enanthate SOLN IM</i>	P	
			<i>testosterone GEL TD</i>	P	
			<i>testosterone SOLN</i>	P	
			VOGELXO PUMP GEL TD (Use <i>testosterone</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
VOGELXO GEL TD (<i>Use testosterone</i>)	NF	
ANORECTAL AND RELATED PRODUCTS - Rectal Drugs to Treat Pain, Swelling and Itching		
Intrarectal Steroids		
<i>budesonide (intrarectal)</i>	NP	
CORTENEMA PR (<i>Use hydrocortisone (intrarectal)</i>)	NP	QL(420 ML per fill retail)
CORTIFOAM EX 10 %	NP	
<i>hydrocortisone (intrarectal) PR</i>	P	QL(420 ML per fill retail)
UCERIS (<i>Use budesonide (intrarectal)</i>)	NP	
Rectal Combinations		
LIDOCAINE-HYDROCORTISONE ACE GEL PR	NP	
<i>lidocaine-hydrocortisone acetate (rectal) CREA EX</i>	NP	
<i>lidocaine-hydrocortisone acetate (rectal) KIT PR</i>	NP	
<i>phenylephrine-cocoa butter PR 0.25 %-85.39 %, 0.25 %-88.44 %</i>	P	
<i>phenylephrine-mineral oil-petrolatum PR 0.25 %-74.9 %-14 %</i>	P	QL(90 GM per 30 day(s) retail)
<i>phenylephrine-shark liver oil-cocoa butter PR</i>	P	QL(12 EA per 31 day(s) retail)
<i>phenylephrine-shark liver oil-mineral oil-petrolatum PR</i>	P	QL(31 GM per 31 day(s) retail)
PREPARATION H PR (<i>Use phenylephrine-mineral oil-petrolatum</i>)	NF	QL(90 GM per 30 day(s) retail)
PROCTOFOAM HC FOAM EX	NP	
Rectal Local Anesthetics		
<i>pramoxine hcl (rectal) FOAM EX</i>	P	QL(15 GM per fill retail)

Drug Name	Drug Tier	Requirements/Limits
PROCTOFOAM FOAM EX (<i>Use pramoxine hcl (rectal)</i>)	NF	QL(15 GM per fill retail)
Rectal Steroids		
ANUSOL-HC EX (<i>Use hydrocortisone (rectal)</i>)	NP	QL(30 GM per fill retail)
<i>hydrocortisone (rectal) EX 1 %</i>	P	RX/OTC
<i>hydrocortisone (rectal) EX 2.5 %</i>	P	QL(30 GM per fill retail)
<i>hydrocortisone (rectal) EX 1 %</i>	P	QL(454 GM per fill retail); 1 package(s) per fill retail; RX/OTC
Vasodilating Agents		
RECTIV PR (<i>Use nitroglycerin (intra-anal)</i>)	NP	
ANTACIDS		
Antacid Combinations		
<i>alum & mag hydrox-simethicone LIQD PO</i>	P	
<i>alum & mag hydrox-simethicone SUSP PO 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML</i>	P	
HYVEE ADVANCED ANTACID SUSP PO (<i>Use alum & mag hydrox-simethicone</i>)	NF	
Antacids - Aluminum Salts		
ALUMINUM HYDROXIDE GEL SUSP PO	P	
Antacids - Bicarbonate		
<i>sodium bicarbonate (antacid) TABS PO 325 MG, 650 MG</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antacids - Calcium Salts			RANEXA TB12 PO (<i>Use ranolazine</i>)	NP	MP
<i>calcium carbonate (antacid) CHEW PO 500 MG</i>	P		<i>ranolazine TB12 PO</i>	NP	MP
<i>calcium carbonate (antacid) SUSP</i>	P	QL(500 ML per 30 day(s) retail)	Nitrates		
CALCIUM CARBONATE ANTACID SUSP	P	QL(500 ML per 30 day(s) retail)	GONITRO PACK	NP	
TUMS LASTING EFFECTS CHEW PO (<i>Use calcium carbonate (antacid)</i>)	NF		ISORDIL TITRADOSE TABS PO (<i>Use isosorbide dinitrate</i>)	NP	MP
TUMS ULTRA 1000 CHEW PO (<i>Use calcium carbonate (antacid)</i>)	NF		<i>isosorbide dinitrate TABS PO</i>	P	MP
TUMS CHEW PO (<i>Use calcium carbonate (antacid)</i>)	NF		<i>isosorbide mononitrate TABS PO</i>	P	QL(2 EA daily); MP
Antacids - Magnesium Salts			<i>isosorbide mononitrate TB24 PO</i>	P	QL(1 EA daily); MP
<i>magnesium oxide TABS PO 400 MG</i>	P		NITRO-BID OINT	P	
ANTHELMINTICS - Drugs to Treat Worm Infections			NITRO-DUR PT24	NP	
Anthelmintics			NITRO-DUR PT24 (<i>Use nitroglycerin</i>)	NP	
<i>albendazole PO</i>	NP		<i>nitroglycerin PT24</i>	P	
BENZNIDAZOLE	NP	SP	<i>nitroglycerin SOLN TL 0.4 MG/SPRAY</i>	NP	MP
BILTRICIDE PO (<i>Use praziquantel</i>)	NP		<i>nitroglycerin SUBL</i>	P	MP
EMVERM CHEW PO	NP	QL(1 EA per 20 day(s) retail)	NITROLINGUAL SOLN TL (<i>Use nitroglycerin</i>)	NP	MP
<i>ivermectin PO</i>	NP		NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NF	
<i>praziquantel PO</i>	P		NITROSTAT SUBL (<i>Use nitroglycerin</i>)	NP	MP
STROMEKTOL PO (<i>Use ivermectin</i>)	NP		ANTIANGIETY AGENTS - Drugs to Treat Anxiety		
ANTIANGINAL AGENTS - Drugs to Treat Chest Pain			Antianxiety Agents - Misc.		
Antianginals-Other			<i>bupirone hcl PO 5 MG, 10 MG</i>	P	QL(6 EA daily); MP
ASPRUZYO SPRINKLE PACK	NP		<i>bupirone hcl PO 7.5 MG, 30 MG</i>	P	QL(3 EA daily); MP
			<i>bupirone hcl PO 15 MG</i>	P	QL(4 EA daily); MP
			<i>hydroxyzine hcl SYRP PO</i>	P	MP
			<i>hydroxyzine hcl TABS PO</i>	P	MP
			<i>hydroxyzine pamoate CAPS PO</i>	P	MP

Drug Name	Drug Tier	Requirements/Limits
<i>meprobamate PO</i>	NP	MP
VISTARIL CAPS PO 25 MG (<i>Use hydroxyzine pamoate</i>)	NP	MP
VISTARIL CAPS PO 50 MG (<i>Use hydroxyzine pamoate</i>)	NF	MP
Benzodiazepines		
ALPRAZOLAM INTENSOL CONC	P	
<i>alprazolam TABS PO</i>	P	QL(4 EA daily)
<i>alprazolam TB24 PO</i>	NP	
<i>alprazolam TBDP PO</i>	NP	
ATIVAN TABS PO 0.5 MG, 2 MG (<i>Use lorazepam</i>)	NP	QL(3 EA daily)
ATIVAN TABS PO 1 MG (<i>Use lorazepam</i>)	NP	QL(4 EA daily)
<i>chlordiazepoxide hcl CAPS PO</i>	P	QL(4 EA daily)
<i>clorazepate dipotassium TABS PO</i>	P	QL(3 EA daily)
<i>diazepam CONC</i>	P	
<i>diazepam SOLN PO 5 MG/5ML</i>	P	QL(500 ML per fill retail)
<i>diazepam TABS PO</i>	P	QL(4 EA daily)
<i>lorazepam CONC PO</i>	P	
<i>lorazepam TABS PO 0.5 MG, 2 MG</i>	P	QL(3 EA daily)
<i>lorazepam TABS PO 1 MG</i>	P	QL(4 EA daily)
LOREEV XR CS24	NP	
<i>oxazepam CAPS PO</i>	P	QL(4 EA daily)
TRANXENE-T TABS PO (<i>Use clorazepate dipotassium</i>)	NF	QL(3 EA daily)
XANAX XR TB24 PO (<i>Use alprazolam</i>)	NP	
XANAX XR TB24 PO (<i>Use alprazolam</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
XANAX TABS PO (<i>Use alprazolam</i>)	NP	QL(4 EA daily)
ANTIARRHYTHMICS - Drugs to treat abnormal heart rhythms		
Antiarrhythmics Type I-A		
<i>disopyramide phosphate CAPS PO</i>	P	MP
NORPACE CR CP12 PO	P	
NORPACE CAPS PO (<i>Use disopyramide phosphate</i>)	NP	MP
<i>quinidine gluconate TBCR PO</i>	P	MP
<i>quinidine sulfate TABS PO</i>	P	MP
Antiarrhythmics Type I-B		
<i>mexiletine hcl PO</i>	P	MP
Antiarrhythmics Type I-C		
<i>flecainide acetate PO</i>	P	MP
<i>propafenone hcl CP12 PO</i>	NP	MP
<i>propafenone hcl TABS PO</i>	P	MP
RYTHMOL SR CP12 PO (<i>Use propafenone hcl</i>)	NP	MP
Antiarrhythmics Type III		
<i>amiodarone hcl TABS PO</i>	P	MP
<i>dofetilide PO</i>	P	MP
MULTAQ PO	NP	
TIKOSYN PO (<i>Use dofetilide</i>)	NP	MP
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - Drugs to Treat Lung Conditions		
Antiasthmatic - Monoclonal Antibodies		
CINQAIR	NP	SP
FASENRA PEN SOAJ	P	SP; PA
FASENRA SOSY 30 MG/ML	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NUCALA SOAJ	P	SP; PA	SINGULAIR PACK PO (Use montelukast sodium)	NP	QL(1 EA daily); MP
NUCALA SOLR	P	SP; PA	SINGULAIR TABS PO (Use montelukast sodium)	NP	QL(1 EA daily); MP
NUCALA SOSY	P	SP; PA	<i>zafirlukast PO</i>	P	MP
TEZSPIRE SOAJ	NP	SP	<i>zileuton TB12 PO</i>	NP	MP
TEZSPIRE SOSY	NP	SP	ZYFLO TABS PO	NP	
XOLAIR SOLR	P	SP; PA	Selective Phosphodiesterase 4 (PDE4) Inhibitors		
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	P	SP; PA	DALIRESP PO (Use <i>roflumilast</i>)	NP	
Anti-Inflammatory Agents			<i>roflumilast PO</i>	NP	
<i>cromolyn sodium NEBU</i>	P	QL(240 ML per 30 day(s) retail)	Steroid Inhalants		
Bronchodilators - Anticholinergics			ALVESCO	NP	
ATROVENT HFA	P	QL(25 GM per 30 day(s) retail)	ARMONAIR DIGIHALER	NP	
INCRUSE ELLIPTA	P	QL(30 EA per fill retail)	ARNUITY ELLIPTA	NP	
<i>ipratropium bromide SOLN 0.02 %</i>	P	QL(375 ML per 27 day(s) retail)	ASMANEX (120 METERED DOSES) AEPB	P	
SPIRIVA HANDIHALER CAPS (Use <i>tiotropium bromide monohydrate</i>)	P		ASMANEX (14 METERED DOSES) AEPB	P	
SPIRIVA RESPIMAT AERS	P		ASMANEX (30 METERED DOSES) AEPB	P	
<i>tiotropium bromide monohydrate CAPS</i>	P		ASMANEX (60 METERED DOSES) AEPB	P	
TUDORZA PRESSAIR	NP	QL(1 EA per 30 day(s) retail)	ASMANEX HFA AERO	NP	
YUPELRI	NP		<i>budesonide (inhalation) SUSP</i>	P	QL(120 ML per 30 day(s) retail); AL(Up to 8 yrs old)
Leukotriene Modulators			FLOVENT DISKUS AEPB 100 MCG/ACT, 250 MCG/ACT (Use <i>fluticasone propionate (inhalation)</i>)	P	QL(2 EA daily)
ACCOLATE PO 20 MG (Use <i>zafirlukast</i>)	NF	MP	FLOVENT DISKUS AEPB 50 MCG/ACT (Use <i>fluticasone propionate (inhalation)</i>)	P	QL(60 EA per fill retail)
ACCOLATE PO (Use <i>zafirlukast</i>)	NP	MP	FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (Use <i>fluticasone propionate hfa</i>)	P	QL(12 GM per fill retail)
<i>montelukast sodium CHEW PO</i>	P	QL(1 EA daily); MP			
<i>montelukast sodium PACK PO</i>	P	QL(1 EA daily); MP			
<i>montelukast sodium TABS PO</i>	P	QL(1 EA daily); MP			
SINGULAIR CHEW PO (Use <i>montelukast sodium</i>)	NP	QL(1 EA daily); MP			

Illinois YouthCare

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P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLOVENT HFA 44 MCG/ACT (Use fluticasone propionate hfa)	P	QL(11 GM per fill retail)	albuterol sulfate AERS	P	QL(13.4 GM per 30 day(s) retail)
fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT	NP	QL(2 EA daily)	albuterol sulfate NEBU	P	QL(375 ML per 27 day(s) retail)
fluticasone propionate (inhalation) AEPB 50 MCG/ACT	NP	QL(60 EA per fill retail)	albuterol sulfate NEBU 2.5 MG/0.5ML	P	QL(2 EA daily)
fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	P	QL(12 GM per fill retail)	albuterol sulfate SYRP PO	NP	MP
fluticasone propionate hfa 44 MCG/ACT	P	QL(11 GM per fill retail)	albuterol sulfate TABS PO	NP	
PULMICORT FLEXHALER AEPB	NP	QL(1 EA per 25 day(s) retail)	ANORO ELLIPTA	P	
PULMICORT SUSP (Use budesonide (inhalation))	NP	QL(120 ML per 30 day(s) retail); AL(Up to 8 yrs old)	arformoterol tartrate	NP	
QVAR REDHALER	NP		BEVESPI AEROSPHERE	NP	
Sympathomimetics			BREO ELLIPTA	NP	
ADVAIR DISKUS AEPB (Use fluticasone-salmeterol)	P	QL(2 EA daily)	BREO ELLIPTA (Use fluticasone furoate-vilanterol)	NP	
ADVAIR HFA AERO (Use fluticasone-salmeterol)	P		BREZTRI AEROSPHERE	NP	
AIRDUO DIGIHALER	P		BROVANA (Use arformoterol tartrate)	NF	
AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	P		BROVANA (Use arformoterol tartrate)	NP	
AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	P		budesonide-formoterol fumarate dihydrate	NP	QL(22 GM per fill retail; 66 per fill mail)
AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	P		COMBIVENT RESPIMAT AERS	NP	QL(4 GM per 30 day(s) retail)
AIRSUPRA	NP		DUAKLIR PRESSAIR	NP	
albuterol sulfate AERS	P	QL(17 GM per 30 day(s) retail)	DULERA 50 MCG/ACT-5 MCG/ACT	P	
albuterol sulfate AERS	P	QL(36 GM per 30 day(s) retail)	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	P	QL(13 GM per fill retail)
			fluticasone furoate-vilanterol	NP	
			fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>fluticasone-salmeterol</i> AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	NP	QL(2 EA daily)	TRELEGY ELLIPTA	NP	
<i>fluticasone-salmeterol</i> AERO	NP		VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	NP	QL(16 GM per 30 day(s) retail)
<i>formoterol fumarate</i> NEBU	NP		VENTOLIN HFA AERS (Use <i>albuterol sulfate</i>)	NP	QL(36 GM per 30 day(s) retail)
<i>ipratropium-albuterol</i> SOLN	P	QL(12 ML daily)	XOPENEX HFA (Use <i>levalbuterol tartrate</i>)	NP	2 package(s) per 30 day(s) retail
<i>levalbuterol hcl</i>	NP		Xanthines		
<i>levalbuterol tartrate</i>	NP	2 package(s) per 30 day(s) retail	THEO-24 CP24 PO	P	
PERFOROMIST NEBU (Use <i>formoterol fumarate</i>)	NP		<i>theophylline</i> ELIX PO	P	
PROAIR DIGIHALER	NP		<i>theophylline</i> SOLN PO	P	QL(475 ML per fill retail); MP
PROAIR HFA AERS (Use <i>albuterol sulfate</i>)	P	QL(17 GM per 30 day(s) retail)	<i>theophylline</i> TB12 PO	P	
PROAIR RESPICLICK AEPB	NP		<i>theophylline</i> TB24 PO	P	
PROVENTIL HFA AERS (Use <i>albuterol sulfate</i>)	P	QL(13.4 GM per 30 day(s) retail)	ANTICOAGULANTS - Blood Thinners		
SEREVENT DISKUS	P	QL(2 EA daily)	Coumarin Anticoagulants		
STIOLTO RESPIMAT	NP		<i>warfarin sodium</i> TABS PO	P	
STRIVERDI RESPIMAT	NP		Direct Factor Xa Inhibitors		
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (Use <i>budesonide- formoterol fumarate dihydrate</i>)	P	QL(21 GM per fill retail; 63 per fill mail)	ELIQUIS DVT/PE STARTER PACK TBPK	P	QL(4 EA daily); PA
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (Use <i>budesonide- formoterol fumarate dihydrate</i>)	P	QL(18 GM per fill retail; 54 per fill mail)	ELIQUIS TABS	P	QL(4 EA daily); PA
SYMBICORT (Use <i>budesonide-formoterol fumarate dihydrate</i>)	P	QL(31 GM per fill retail; 92 per fill mail)	SAVAYSA PO	NP	
<i>terbutaline sulfate</i> TABS PO	P		XARELTO STARTER PACK TBPK	P	PA
			XARELTO SUSR	NP	
			XARELTO TABS 20 MG	P	QL(1 EA daily); PA
			XARELTO TABS 2.5 MG	P	PA
			XARELTO TABS 10 MG	P	QL(1 EA daily; 35 EA per 180 day(s) retail); PA
			XARELTO TABS 15 MG	P	QL(2 EA daily); PA
			Heparins And Heparinoid-Like Agents		
			ARIXTRA (Use <i>fondaparinux sodium</i>)	NP	SP

Illinois YouthCare

Updated February 1, 2025

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>enoxaparin sodium SOLN IJ 300 MG/3ML</i>	P	QL(42 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP	<i>heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML</i>	P	
<i>enoxaparin sodium SOSY 80 MG/0.8ML, 120 MG/0.8ML</i>	P	QL(12 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP	HEPARIN SODIUM (PORCINE) SOSY IJ	P	
<i>enoxaparin sodium SOSY 30 MG/0.3ML, 80 MG/0.8ML, 150 MG/ML</i>	P	QL(5 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP	LOVENOX SOLN IJ 300 MG/3ML (<i>Use enoxaparin sodium</i>)	NP	QL(42 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP
<i>enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML</i>	P	QL(14 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP	LOVENOX SOSY 30 MG/0.3ML (<i>Use enoxaparin sodium</i>)	NP	QL(5 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP
<i>enoxaparin sodium SOSY 40 MG/0.4ML</i>	P	QL(6 ML per fill retail; 6 ML per 7 day(s) retail); 21 day(s) max supply per 180 day(s) retail; SP	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (<i>Use enoxaparin sodium</i>)	NP	QL(12 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP
<i>enoxaparin sodium SOSY 60 MG/0.6ML</i>	P	QL(9 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP; SL	LOVENOX SOSY 100 MG/ML, 150 MG/ML (<i>Use enoxaparin sodium</i>)	NP	QL(14 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP
<i>fondaparinux sodium</i>	P	SP	LOVENOX SOSY 40 MG/0.4ML (<i>Use enoxaparin sodium</i>)	NP	QL(6 ML per fill retail; 7 ML per 7 day(s) retail); 21 day(s) max supply per 180 day(s) retail; SP
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	P	SP	LOVENOX SOSY 60 MG/0.6ML (<i>Use enoxaparin sodium</i>)	NP	QL(9 ML per fill retail); 21 day(s) max supply per 180 day(s) retail; SP
FRAGMIN SOSY	P	SP	Thrombin Inhibitors		
<i>heparin sodium (porcine) lock flush 10 UNIT/ML</i>	P		<i>dabigatran etexilate mesylate CAPS PO 75 MG, 150 MG</i>	NP	
HEPARIN SODIUM (PORCINE) PF SOLN IJ	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRADAXA CAPS PO (Use dabigatran etexilate mesylate)	NP		Anticonvulsants - Misc.		
PRADAXA PACK	NP	SP	APTIOM	NP	
ANTICONVULSANTS - Drugs to Treat Seizures			BANZEL SUSP (Use rufinamide)	NP	SP
AMPA Glutamate Receptor Antagonists			BANZEL TABS PO (Use rufinamide)	NP	SP
FYCOMPA SUSP	NP		BRIVIACT SOLN PO 10 MG/ML	NP	SP; PV
FYCOMPA TABS	NP		BRIVIACT TABS	NP	SP; PV
Anticonvulsants - Benzodiazepines			carbamazepine CHEW PO 100 MG	P	MP
clobazam SUSP	NP		carbamazepine CP12 PO	NP	MP
clobazam TABS PO	NP		carbamazepine SUSP PO 100 MG/5ML	P	MP
clonazepam TABS PO	P	QL(4 EA daily)	carbamazepine TABS PO	P	MP
clonazepam TBDP PO	NP		carbamazepine TB12 PO	P	MP
DIASTAT ACUDIAL GEL PR 20 MG (Use diazepam (anticonvulsant))	NF	QL(1 EA per fill retail)	CARBATROL CP12 PO (Use carbamazepine)	NP	MP
DIASTAT ACUDIAL GEL PR 10 MG (Use diazepam (anticonvulsant))	P	QL(1 EA per fill retail)	DIACOMIT CAPS	NP	SP
DIASTAT PEDIATRIC GEL PR (Use diazepam (anticonvulsant))	NF	QL(1 EA per fill retail)	DIACOMIT PACK	NP	SP
diazepam (anticonvulsant) GEL PR	P	QL(1 EA per fill retail)	ELEPSIA XR TB24 PO	NP	
KLONOPIN TABS PO (Use clonazepam)	NP	QL(4 EA daily)	EPIDIOLEX	NP	SP
NAYZILAM	NP		EPRONTIA SOLN	NP	
ONFI SUSP (Use clobazam)	NP		FINTEPLA	NP	SP
ONFI TABS PO (Use clobazam)	NP		gabapentin CAPS PO	P	QL(9 EA daily); MP
SYMPAZAN FILM	NP		gabapentin SOLN PO	P	MP
VALTOCO 10 MG DOSE LIQD	NP		gabapentin TABS PO 600 MG	P	QL(6 EA daily); MP
VALTOCO 15 MG DOSE LQPK	NP		gabapentin TABS PO 800 MG	P	QL(4 EA daily); MP
VALTOCO 20 MG DOSE LQPK	NP		KEPPRA XR TB24 PO (Use levetiracetam)	NP	MP
VALTOCO 5 MG DOSE LIQD	NP		KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)	NP	QL(30 ML daily); MP
			KEPPRA TABS PO 500 MG (Use levetiracetam)	NP	QL(6 EA daily); MP
			KEPPRA TABS PO 1000 MG (Use levetiracetam)	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KEPPRA TABS PO 250 MG, 750 MG (Use levetiracetam)	NP	QL(4 EA daily); MP	LYRICA SOLN (Use pregabalin)	NP	MP
lacosamide SOLN PO 10 MG/ML	NP		MOTPOLY XR CP24	NP	
lacosamide TABS PO	NP		MYSOLINE PO (Use primidone)	NP	MP
LAMICTAL ODT KIT PO (Use lamotrigine)	NP	MP	NEURONTIN CAPS PO (Use gabapentin)	NP	QL(9 EA daily); MP
LAMICTAL ODT TBDP PO (Use lamotrigine)	NP	MP	NEURONTIN SOLN PO (Use gabapentin)	NF	MP
LAMICTAL STARTER KIT PO 25 MG (Use lamotrigine)	NP	MP	NEURONTIN SOLN PO (Use gabapentin)	NP	MP
LAMICTAL XR KIT PO	NP		NEURONTIN TABS PO 600 MG (Use gabapentin)	NP	QL(6 EA daily); MP
LAMICTAL XR TB24 PO (Use lamotrigine)	NP	ST; MP	NEURONTIN TABS PO 800 MG (Use gabapentin)	NP	QL(4 EA daily); MP
LAMICTAL CHEW PO (Use lamotrigine)	NP	MP	oxcarbazepine SUSP PO	P	MP
LAMICTAL TABS PO (Use lamotrigine)	NP	MP	oxcarbazepine TABS PO	P	MP
lamotrigine CHEW PO	P	MP	OXTELLAR XR TB24 (Use oxcarbazepine)	NP	
lamotrigine KIT PO 25 MG	NP	MP	pregabalin CAPS PO	P	MP
lamotrigine TABS PO	P	MP	pregabalin SOLN	P	MP
lamotrigine TB24 PO	NP	ST; MP	primidone PO 50 MG, 250 MG	P	MP
lamotrigine TBDP PO	NP	MP	primidone PO 125 MG	P	
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML	P	QL(30 ML daily); MP	QUDEXY XR CS24 PO (Use topiramate)	NP	MP
levetiracetam TABS PO 1000 MG	P	MP	rufinamide SUSP	NP	SP
levetiracetam TABS PO 250 MG, 750 MG	P	QL(4 EA daily); MP	rufinamide TABS PO	NP	SP
levetiracetam TABS PO 500 MG	P	QL(6 EA daily); MP	SPRITAM TB3D	NP	
levetiracetam TB24 PO	P	MP	TEGRETOL SUSP PO (Use carbamazepine)	NP	MP
LYRICA CAPS PO 25 MG, 50 MG, 150 MG (Use pregabalin)	NF		TEGRETOL TABS PO (Use carbamazepine)	NP	MP
LYRICA CAPS PO (Use pregabalin)	NP	MP	TEGRETOL-XR TB12 PO (Use carbamazepine)	NP	MP
LYRICA SOLN (Use pregabalin)	NF		TOPAMAX SPRINKLE CPSP PO 25 MG (Use topiramate)	NP	QL(8 EA daily); MP
			TOPAMAX SPRINKLE CPSP PO 15 MG (Use topiramate)	NP	QL(6 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TOPAMAX TABS PO 200 MG (Use topiramate)	NP	QL(2 EA daily); MP	FELBATOL SUSP (Use felbamate)	NP	MP
TOPAMAX TABS PO 100 MG (Use topiramate)	NP	QL(4 EA daily); MP	FELBATOL TABS PO (Use felbamate)	NP	MP
TOPAMAX TABS PO 25 MG, 50 MG (Use topiramate)	NP	QL(6 EA daily); MP	XCOPRI (250 MG DAILY DOSE) TBPK	P	
topiramate CP24 PO	NP		XCOPRI (350 MG DAILY DOSE) TBPK	P	
topiramate CPSP PO 15 MG	P	QL(6 EA daily); MP	XCOPRI TABS 50 MG, 100 MG, 150 MG, 200 MG	P	
topiramate CPSP PO 25 MG	P	QL(8 EA daily); MP	XCOPRI TBPK	P	
topiramate CS24 PO	NP	MP	GABA Modulators		
topiramate TABS PO 100 MG	P	QL(4 EA daily); MP	GABITRIL PO (Use tiagabine hcl)	NP	MP
topiramate TABS PO 200 MG	P	QL(2 EA daily); MP	SABRIL PACK (Use vigabatrin)	NP	SP; MP
topiramate TABS PO 25 MG, 50 MG	P	QL(6 EA daily); MP	SABRIL TABS (Use vigabatrin)	NP	QL(6 EA daily); SP; MP
TRILEPTAL SUSP PO (Use oxcarbazepine)	NP	MP	tiagabine hcl PO	NP	MP
TRILEPTAL TABS PO (Use oxcarbazepine)	NF	MP	vigabatrin PACK	NP	SP; MP
TRILEPTAL TABS PO (Use oxcarbazepine)	NP	MP	vigabatrin TABS	NP	QL(6 EA daily); SP; MP
TROKENDI XR CP24 PO 200 MG (Use topiramate)	NP		Hydantoins		
TROKENDI XR CP24 PO 25 MG, 50 MG, 100 MG (Use topiramate)	NP		DILANTIN PO	NP	
VIMPAT SOLN PO 10 MG/ML (Use lacosamide)	NP		DILANTIN PO (Use phenytoin sodium extended)	NF	
VIMPAT TABS PO (Use lacosamide)	NP		DILANTIN PO (Use phenytoin sodium extended)	NP	MP
ZONISADE SUSP	NP		DILANTIN INFATABS CHEW PO (Use phenytoin)	NP	MP
zonisamide CAPS PO	P	MP	DILANTIN-125 SUSP PO (Use phenytoin)	NF	
ZTALMY	NP		DILANTIN SUSP PO (Use phenytoin)	NP	MP
Carbamates			phenytoin sodium extended PO 100 MG, 200 MG, 300 MG	P	MP
felbamate SUSP	NP	MP	phenytoin CHEW PO	P	MP
felbamate TABS PO	NP	MP			

Drug Name	Drug Tier	Requirements/Limits
<i>phenytoin SUSP PO</i>	P	MP
Succinimides		
CELONTIN (Use <i>methsuximide</i>)	NP	
<i>ethosuximide CAPS PO</i>	P	MP
<i>ethosuximide SOLN PO</i>	P	MP
<i>methsuximide</i>	NP	
ZARONTIN CAPS PO (Use <i>ethosuximide</i>)	NP	MP
ZARONTIN SOLN PO (Use <i>ethosuximide</i>)	NP	MP
Valproic Acid		
DEPAKOTE ER TB24 PO (Use <i>divalproex sodium</i>)	NP	MP
DEPAKOTE ER TB24 PO (Use <i>divalproex sodium</i>)	NF	MP
DEPAKOTE SPRINKLES CSDR PO (Use <i>divalproex sodium</i>)	NP	MP
DEPAKOTE TBEC PO (Use <i>divalproex sodium</i>)	NP	MP
<i>divalproex sodium CSDR PO</i>	P	MP
<i>divalproex sodium TB24 PO</i>	P	MP
<i>divalproex sodium TBEC PO</i>	P	MP
<i>valproate sodium SOLN PO 250 MG/5ML</i>	P	MP
<i>valproic acid CAPS PO</i>	P	MP
ANTIDEPRESSANTS - Drugs to Treat Depression		
Alpha-2 Receptor Antagonists (Tetracyclics)		
<i>mirtazapine TABS PO 7.5 MG, 45 MG</i>	P	QL(1 EA daily); MP
<i>mirtazapine TABS PO 30 MG</i>	P	QL(1.5 EA daily); MP
<i>mirtazapine TABS PO 15 MG</i>	P	QL(3 EA daily); MP
<i>mirtazapine TBDP PO 30 MG</i>	P	QL(1.5 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>mirtazapine TBDP PO 45 MG</i>	P	QL(1 EA daily); MP
<i>mirtazapine TBDP PO 15 MG</i>	P	QL(3 EA daily); MP
REMERON SOLTAB TBDP PO 45 MG (Use <i>mirtazapine</i>)	NP	QL(1 EA daily); MP
REMERON SOLTAB TBDP PO 15 MG (Use <i>mirtazapine</i>)	NP	QL(3 EA daily); MP
REMERON SOLTAB TBDP PO 30 MG (Use <i>mirtazapine</i>)	NP	QL(1.5 EA daily); MP
REMERON TABS PO 30 MG (Use <i>mirtazapine</i>)	NP	QL(1.5 EA daily); MP
REMERON TABS PO 15 MG (Use <i>mirtazapine</i>)	NP	QL(3 EA daily); MP
Antidepressant Combinations		
AUVELITY	NP	
Antidepressants - Misc.		
APLENZIN PO	NP	
<i>bupropion hcl TABS PO</i>	P	QL(3 EA daily); MP
<i>bupropion hcl TB12 PO 150 MG</i>	P	QL(3 EA daily); MP
<i>bupropion hcl TB12 PO 100 MG</i>	P	QL(4 EA daily); MP
<i>bupropion hcl TB12 PO 200 MG</i>	P	QL(2 EA daily); MP
<i>bupropion hcl TB24 PO 150 MG</i>	P	QL(3 EA daily); MP
<i>bupropion hcl TB24 PO 450 MG</i>	P	MP
<i>bupropion hcl TB24 PO 300 MG</i>	P	QL(1 EA daily); MP
FORFIVO XL TB24 PO (Use <i>bupropion hcl</i>)	NP	MP
FORFIVO XL TB24 PO (Use <i>bupropion hcl</i>)	NF	
WELLBUTRIN SR TB12 PO 150 MG (Use <i>bupropion hcl</i>)	NP	QL(3 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
WELLBUTRIN SR TB12 PO 100 MG (Use bupropion hcl)	NP	QL(4 EA daily); MP	<i>citalopram hydrobromide SOLN PO</i>	P	QL(240 ML per 30 day(s) retail; 720 ML per 90 days mail); MP
WELLBUTRIN SR TB12 PO 200 MG (Use bupropion hcl)	NP	QL(2 EA daily); MP	<i>citalopram hydrobromide TABS PO 10 MG</i>	P	QL(4 EA daily); MP
WELLBUTRIN XL TB24 PO 300 MG (Use bupropion hcl)	NP	QL(1 EA daily); MP	<i>citalopram hydrobromide TABS PO 20 MG</i>	P	QL(2 EA daily); MP
WELLBUTRIN XL TB24 PO 150 MG (Use bupropion hcl)	NP	QL(3 EA daily); MP	<i>citalopram hydrobromide TABS PO 40 MG</i>	P	QL(1 EA daily); MP
GABA Receptor Modulator - Neuroactive Steroid			<i>escitalopram oxalate SOLN PO</i>	P	MP
ZURZUVAE	NP	SP	<i>escitalopram oxalate TABS PO 5 MG</i>	P	QL(4 EA daily); MP
Monoamine Oxidase Inhibitors (MAOIs)			<i>escitalopram oxalate TABS PO 20 MG</i>	P	QL(1 EA daily); MP
EMSAM	NP		<i>escitalopram oxalate TABS PO 10 MG</i>	P	QL(2 EA daily); MP
MARPLAN PO	NP		<i>fluoxetine hcl CAPS PO</i>	P	QL(4 EA daily); MP
NARDIL PO (Use phenelzine sulfate)	NP	MP	<i>fluoxetine hcl CPDR PO</i>	NP	MP
<i>phenelzine sulfate PO</i>	P	MP	<i>fluoxetine hcl SOLN PO</i>	P	QL(600 ML per 30 day(s) retail; 1800 ML per 90 days mail); MP
<i>tranylcypromine sulfate PO</i>	P	MP	<i>fluoxetine hcl TABS PO</i>	P	MP
N-Methyl-D-aspartic acid (NMDA) Receptor Antagonists			FLUOXETINE HCL TABS PO (Use fluoxetine hcl)	P	MP
SPRAVATO (56 MG DOSE)	NP	SP	<i>fluvoxamine maleate CP24 PO</i>	NP	MP
SPRAVATO (84 MG DOSE)	NP	SP	<i>fluvoxamine maleate TABS PO 100 MG</i>	P	QL(3 EA daily); MP
Selective Serotonin Reuptake Inhibitors (SSRIs)			<i>fluvoxamine maleate TABS PO 25 MG, 50 MG</i>	P	QL(2 EA daily); MP
CELEXA TABS PO 10 MG (Use citalopram hydrobromide)	NP	QL(4 EA daily); MP	LEXAPRO TABS PO 10 MG (Use escitalopram oxalate)	NP	QL(2 EA daily); MP
CELEXA TABS PO 20 MG (Use citalopram hydrobromide)	NP	QL(2 EA daily); MP	LEXAPRO TABS PO 5 MG (Use escitalopram oxalate)	NP	QL(4 EA daily); MP
CELEXA TABS PO 40 MG (Use citalopram hydrobromide)	NP	QL(1 EA daily); MP	LEXAPRO TABS PO 20 MG (Use escitalopram oxalate)	NP	QL(1 EA daily); MP
CITALOPRAM HYDROBROMIDE CAPS	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>paroxetine hcl SUSP PO</i>	P	QL(40 ML daily)	Serotonin Modulators		
<i>paroxetine hcl TABS PO 20 MG</i>	P	QL(3 EA daily); MP	<i>nefazodone hcl PO</i>	NP	MP
<i>paroxetine hcl TABS PO 10 MG</i>	P	QL(6 EA daily); MP	<i>trazodone hcl TABS PO 50 MG, 100 MG, 150 MG</i>	P	MP
<i>paroxetine hcl TABS PO 30 MG, 40 MG</i>	P	QL(2 EA daily); MP	<i>trazodone hcl TABS PO 300 MG</i>	P	QL(2 EA daily); MP
<i>paroxetine hcl TB24 PO</i>	NP	MP	TRINTELLIX PO	NP	QL(1 EA daily)
PAXIL CR TB24 PO (<i>Use paroxetine hcl</i>)	NP	MP	VIIBRYD TABS (<i>Use vilazodone hcl</i>)	NP	QL(1 EA daily)
PAXIL SUSP PO (<i>Use paroxetine hcl</i>)	NP	QL(40 ML daily)	<i>vilazodone hcl TABS</i>	NP	QL(1 EA daily)
PAXIL TABS PO 30 MG, 40 MG (<i>Use paroxetine hcl</i>)	NP	QL(2 EA daily); MP	Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)		
PAXIL TABS PO 20 MG (<i>Use paroxetine hcl</i>)	NP	QL(3 EA daily); MP	CYMBALTA CPEP PO (<i>Use duloxetine hcl</i>)	NP	QL(1 EA daily); MP
PAXIL TABS PO 10 MG (<i>Use paroxetine hcl</i>)	NP	QL(6 EA daily); MP	DESVENLAFAXINE ER PO	NP	MP
PEXEVA PO 10 MG, 20 MG, 30 MG	NP		<i>desvenlafaxine succinate PO 25 MG, 50 MG</i>	NP	QL(1 EA daily); ST; MP
PROZAC CAPS PO (<i>Use fluoxetine hcl</i>)	NP	QL(4 EA daily); MP	<i>desvenlafaxine succinate PO 100 MG</i>	NP	QL(4 EA daily); ST; MP
SERTRALINE HCL CAPS	NP		DRIZALMA SPRINKLE CSDR	NP	
<i>sertraline hcl CONC PO</i>	P	QL(10 ML daily); MP	<i>duloxetine hcl CPEP PO 20 MG, 30 MG, 60 MG</i>	P	QL(1 EA daily); MP
<i>sertraline hcl TABS PO 100 MG</i>	P	QL(2 EA daily); MP	<i>duloxetine hcl CPEP PO 40 MG</i>	P	MP
<i>sertraline hcl TABS PO 25 MG, 50 MG</i>	P	QL(4 EA daily); MP	EFFEXOR XR CP24 PO (<i>Use venlafaxine hcl</i>)	NF	
ZOLOFT CONC PO (<i>Use sertraline hcl</i>)	NP	QL(10 ML daily); MP	EFFEXOR XR CP24 PO 150 MG (<i>Use venlafaxine hcl</i>)	NP	QL(2 EA daily); MP
ZOLOFT CONC PO (<i>Use sertraline hcl</i>)	NF		EFFEXOR XR CP24 PO 150 MG (<i>Use venlafaxine hcl</i>)	NF	QL(2 EA daily); MP
ZOLOFT TABS PO 25 MG, 50 MG (<i>Use sertraline hcl</i>)	NP	QL(4 EA daily); MP	EFFEXOR XR CP24 PO 37.5 MG (<i>Use venlafaxine hcl</i>)	NP	QL(4 EA daily); MP
ZOLOFT TABS PO 25 MG, 100 MG (<i>Use sertraline hcl</i>)	NF		EFFEXOR XR CP24 PO 75 MG (<i>Use venlafaxine hcl</i>)	NP	QL(5 EA daily); MP
ZOLOFT TABS PO 100 MG (<i>Use sertraline hcl</i>)	NP	QL(2 EA daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EFFEXOR XR CP24 PO 37.5 MG (Use venlafaxine hcl)	NF	QL(4 EA daily); MP	NORPRAMIN TABS PO 10 MG (Use desipramine hcl)	NP	MP
FETZIMA TITRATION C4PK	NP		NORPRAMIN TABS PO 25 MG (Use desipramine hcl)	NP	QL(2 EA daily); MP
FETZIMA CP24	NP		nortriptyline hcl CAPS PO	P	MP
PRISTIQ PO 25 MG, 50 MG (Use desvenlafaxine succinate)	NP	QL(1 EA daily); ST; MP	nortriptyline hcl SOLN PO	P	QL(20 ML daily); MP
PRISTIQ PO 50 MG (Use desvenlafaxine succinate)	NF	QL(1 EA daily); ST; MP	PAMELOR CAPS PO (Use nortriptyline hcl)	NP	MP
PRISTIQ PO 100 MG (Use desvenlafaxine succinate)	NP	QL(4 EA daily); ST; MP	protriptyline hcl PO	P	MP
VENLAFAXINE BESYLATE ER	P		trimipramine maleate CAPS PO	NP	MP
venlafaxine hcl CP24 PO 75 MG	P	QL(5 EA daily); MP	ANTIDIABETICS - Drugs to Regulate Blood Sugar		
venlafaxine hcl CP24 PO 37.5 MG	P	QL(4 EA daily); MP	Alpha-Glucosidase Inhibitors		
venlafaxine hcl CP24 PO 150 MG	P	QL(2 EA daily); MP	acarbose PO	P	MP
venlafaxine hcl TABS PO	P	MP	miglitol PO	P	MP
venlafaxine hcl TB24 PO	NP	MP	Antidiabetic - Amylin Analogs		
Tricyclic Agents			SYMLINPEN 120 SOPN	NP	QL(11 ML per 30 day(s) retail)
amitriptyline hcl TABS PO	P	MP	SYMLINPEN 60 SOPN	NP	QL(6 ML per 30 day(s) retail)
amoxapine PO	NP	MP	Antidiabetic Combinations		
ANAFRANIL PO (Use clomipramine hcl)	NP	MP	ACTOPLUS MET TABS PO 850 MG-15 MG (Use pioglitazone hcl-metformin hcl)	NP	QL(2 EA daily); MP
clomipramine hcl PO	P	MP	ACTOPLUS MET TABS PO 500 MG-15 MG (Use pioglitazone hcl-metformin hcl)	NF	QL(2 EA daily); MP
desipramine hcl TABS PO 25 MG	P	QL(2 EA daily); MP	alogliptin-metformin hcl	NP	QL(2 EA daily); MP
desipramine hcl TABS PO 10 MG, 50 MG, 75 MG, 100 MG, 150 MG	P	MP	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	NP	QL(1 EA daily); MP
doxepin hcl CAPS PO	P	MP	dapagliflozin propanediol-metformin hcl PO	NP	
doxepin hcl CONC PO	P	MP			
imipramine hcl TABS PO	P	MP			
imipramine pamoate PO	NP	MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DUETACT (Use pioglitazone hcl-glimepiride)	NP	MP	XIGDUO XR PO (Use dapagliflozin propanediol-metformin hcl)	NP	
glipizide-metformin hcl PO	P	MP	XULTOPHY	NP	
glyburide-metformin PO	P	MP	Biguanides		
GLYXAMBI PO	NP		GLUMETZA TB24 PO (Use metformin hcl)	NP	MP
INVOKAMET XR TB24	NP		metformin hcl SOLN PO	NP	MP
INVOKAMET TABS	NP		metformin hcl TABS PO 1000 MG	P	QL(2 EA daily); MP
JANUMET XR TB24 PO	NP		metformin hcl TABS PO 850 MG	P	QL(3 EA daily); MP
JANUMET TABS PO	NP		metformin hcl TABS PO 625 MG	NP	
JENTADUETO XR TB24	NP		metformin hcl TABS PO 500 MG	P	QL(5 EA daily); MP
JENTADUETO TABS	NP	QL(2 EA daily)	metformin hcl TB24 PO 500 MG	P	QL(4 EA daily); MP
KAZANO (Use alogliptin-metformin hcl)	NP	QL(2 EA daily); MP	metformin hcl TB24 PO 750 MG	P	QL(2 EA daily); MP
KOMBIGLYZE XR PO (Use saxagliptin-metformin hcl)	NP		metformin hcl TB24 PO 500 MG, 1000 MG	NP	MP
OSENI 15 MG-12.5 MG, 45 MG-12.5 MG (Use alogliptin-pioglitazone)	NF	QL(1 EA daily); MP	RIOMET SOLN PO (Use metformin hcl)	NF	MP
OSENI 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG (Use alogliptin-pioglitazone)	NP	QL(1 EA daily); MP	Diabetic Other		
pioglitazone hcl-glimepiride	NP	MP	BAQSIMI ONE PACK POWD	P	
pioglitazone hcl-metformin hcl TABS PO	NP	QL(2 EA daily); MP	BAQSIMI TWO PACK POWD	P	
QTERN	NP		diazoxide	P	
saxagliptin-metformin hcl PO	NP		GLUCAGEN HYPOKIT	NP	
SEGLUROMET	NP	QL(2 EA daily); ST	glucagon (rdna)	NP	QL(1 EA per fill retail)
SOLIQUA	NP		GLUCAGON EMERGENCY (Use glucagon (rdna))	NF	QL(1 EA per fill retail)
STEGLUJAN	NP		GLUCAGON EMERGENCY	NP	
SYNJARDY XR TB24	NP		GVOKE HYOPEN 1-PACK SOAJ	P	
SYNJARDY TABS	NP				
TRIJARDY XR	NP				
XIGDUO XR PO	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GVOKE HYPOPEN 2-PACK SOAJ	P		OZEMPIC (2 MG/DOSE) SOPN	NP	
GVOKE KIT SOLN	P		RYBELSUS TABS PO 3 MG, 14 MG	P	PA
GVOKE PFS SOSY 1 MG/0.2ML	P		RYBELSUS TABS PO	P	
KORLYM (Use mifepristone (hyperglycemia))	NP	SP	TRULICITY	P	
mifepristone (hyperglycemia)	NP	SP	VICTOZA (Use liraglutide)	P	QL(0.3 ML daily)
PROGLYCEM (Use diazoxide)	P		Insulin		
ZEGALOGUE SOAJ	P		ADMELOG SOLOSTAR SOPN	NP	QL(2 ML daily); MP
ZEGALOGUE SOSY	P		ADMELOG SOLN IJ	NP	
Dipeptidyl Peptidase-4 (DPP-4) Inhibitors			AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	NP	MP
alogliptin benzoate	NP	QL(1 EA daily); MP	APIDRA SOLOSTAR SOPN	NP	QL(2 ML daily); MP
JANUVIA PO	P		APIDRA SOLN	NP	QL(2 ML daily); MP
NESINA (Use alogliptin benzoate)	NP	QL(1 EA daily); MP	BASAGLAR KWIKPEN SOPN	NP	QL(2 ML daily); MP
ONGLYZA PO (Use saxagliptin hcl)	NP		FIASP FLEXTOUCH SOPN	NP	QL(2 ML daily); MP
saxagliptin hcl PO	NP		FIASP PENFILL SOCT	NP	QL(2 ML daily); MP
TRADJENTA	P	QL(1 EA daily)	FIASP PUMPCART SOCT	NP	QL(2 ML daily); MP
ZITUVIO	NP		FIASP SOLN	NP	QL(2 ML daily); MP
Dopamine Receptor Agonists - Antidiabetic			HUMALOG JUNIOR KWIKPEN SOPN	P	QL(2 ML daily); MP
CYCLOSET	NP		HUMALOG KWIKPEN SOPN 200 UNIT/ML	P	QL(1 ML daily); MP
Incretin Mimetic Agents			HUMALOG KWIKPEN SOPN 100 UNIT/ML	P	QL(2 ML daily); MP
BYDUREON BCISE AUJ	NP	QL(3.4 ML per 28 day(s) retail)	HUMALOG MIX 50/50 KWIKPEN SUPN	P	QL(2 ML daily); MP
BYETTA 10 MCG PEN SOPN	NP	QL(2.4 ML per 30 day(s) retail)	HUMALOG MIX 50/50 SUSP	P	QL(2 ML daily); MP
BYETTA 5 MCG PEN SOPN	NP	QL(1.2 ML per 30 day(s) retail)	HUMALOG MIX 75/25 KWIKPEN SUPN	P	QL(2 ML daily); MP
liraglutide	P		HUMALOG MIX 75/25 SUSP	P	QL(2 ML daily); MP
MOUNJARO	NP				
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOPN	NP				
OZEMPIC (1 MG/DOSE) SOPN 4 MG/3ML	NP				

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
HUMALOG TEMPO PEN SOPN	NP		INSULIN GLARGINE-YFGN SOLN	NP	
HUMALOG SOCT	P	QL(2 ML daily); MP	INSULIN GLARGINE-YFGN SOPN	NP	
HUMALOG SOLN IJ	P		INSULIN LISPRO (1 UNIT DIAL) SOPN	P	QL(2 ML daily); MP
HUMULIN 70/30 KWIKPEN SUPN	P	QL(2 ML daily); MP	INSULIN LISPRO JUNIOR KWIKPEN SOPN	P	QL(2 ML daily); MP
HUMULIN 70/30 SUSP	P	QL(2 ML daily); MP	INSULIN LISPRO PROT & LISPRO SUPN	P	QL(2 ML daily); MP
HUMULIN N KWIKPEN SUPN	P	QL(2 ML daily); MP	INSULIN LISPRO SOLN IJ	P	
HUMULIN N SUSP	P	QL(2 ML daily); MP	LANTUS SOLOSTAR SOPN	P	QL(2 ML daily); MP
HUMULIN R U-500 (CONCENTRATED) SOLN SC	P	QL(2 ML daily); MP	LANTUS SOLN	P	QL(2 ML daily); MP
HUMULIN R U-500 KWIKPEN SOPN SC	P	QL(0.6 ML daily); MP	LEVEMIR FLEXPEN SOPN	P	QL(2 ML daily); MP
HUMULIN R SOLN IJ	P	QL(2 ML daily); MP	LEVEMIR FLEXTOUCH SOPN	P	QL(2 ML daily); MP
INSULIN ASP PROT & ASP FLEXPEN SUPN	NP	QL(2 ML daily); MP	LEVEMIR SOLN	P	QL(2 ML daily); MP
INSULIN ASPART FLEXPEN SOPN	NP	QL(2 ML daily); MP	LYUMJEV KWIKPEN SOPN	NP	MP
INSULIN ASPART PENFILL SOCT	NP	QL(2 ML daily); MP	LYUMJEV TEMPO PEN SOPN	NP	
INSULIN ASPART PROT & ASPART SUSP	NP	QL(2 ML daily); MP	LYUMJEV SOLN	NP	MP
INSULIN ASPART SOLN IJ	NP		NOVOLIN 70/30 FLEXPEN RELION SUPN	NP	QL(2 ML daily); MP
INSULIN DEGLUDEC FLEXTOUCH SOPN	NP	QL(2 ML daily); MP	NOVOLIN 70/30 FLEXPEN SUPN	NP	QL(2 ML daily); MP
INSULIN DEGLUDEC SOLN	NP	QL(2 ML daily); MP	NOVOLIN 70/30 RELION SUSP	NP	QL(2 ML daily); MP
INSULIN GLARGINE MAX SOLOSTAR SOPN	NP	QL(0.4 ML daily); MP	NOVOLIN 70/30 SUSP	NP	QL(2 ML daily); MP
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML	NP	QL(0.45 ML daily); MP	NOVOLIN N FLEXPEN RELION SUPN	NP	QL(2 ML daily); MP
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML	NP	QL(2 ML daily); MP	NOVOLIN N FLEXPEN SUPN	NP	QL(2 ML daily); MP
INSULIN GLARGINE SOLN	NP	QL(2 ML daily); MP	NOVOLIN N RELION SUSP	NP	QL(2 ML daily); MP
			NOVOLIN N SUSP	NP	QL(2 ML daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOVOLIN R FLEXPEN RELION SOPN IJ	NP	QL(2 ML daily); MP	<i>nateglinide PO</i>	P	QL(3 EA daily); MP
NOVOLIN R FLEXPEN SOPN IJ	NP	QL(2 ML daily); MP	<i>repaglinide PO</i>	NP	MP
NOVOLIN R RELION SOLN IJ	NP	QL(2 ML daily); MP	Sodium-Glucose Co-Transporter 2 (SGLT2) Inhibitors		
NOVOLIN R SOLN IJ	NP	QL(2 ML daily); MP	<i>dapagliflozin propanediol PO</i>	NP	
NOVOLOG 70/30 FLEXPEN RELION SUPN	NP	QL(2 ML daily); MP	FARXIGA PO (<i>Use dapagliflozin propanediol</i>)	NF	
NOVOLOG FLEXPEN RELION SOPN	NP	QL(2 ML daily); MP	FARXIGA PO (<i>Use dapagliflozin propanediol</i>)	P	
NOVOLOG FLEXPEN SOPN	NP	QL(2 ML daily); MP	INVOKANA	P	
NOVOLOG MIX 70/30 FLEXPEN SUPN	NP	QL(2 ML daily); MP	JARDIANCE PO	P	QL(1 EA daily)
NOVOLOG MIX 70/30 RELION SUSP	NP	QL(2 ML daily); MP	STEGLATRO	NP	QL(1 EA daily); ST
NOVOLOG MIX 70/30 SUSP	NP	QL(2 ML daily); MP	Sulfonylureas		
NOVOLOG PENFILL SOCT	NP	QL(2 ML daily); MP	AMARYL PO 1 MG, 2 MG (<i>Use glimepiride</i>)	NF	QL(4 EA daily); MP
NOVOLOG RELION SOLN IJ	NP		AMARYL PO 4 MG (<i>Use glimepiride</i>)	NF	QL(2 EA daily); MP
NOVOLOG SOLN IJ	NP		<i>glimepiride PO 1 MG, 2 MG</i>	P	QL(4 EA daily); MP
REZVOGLAR KWIKPEN	NP		<i>glimepiride PO 4 MG</i>	P	QL(2 EA daily); MP
SEMGLEE (YFGN) SOLN	NP		<i>glipizide TABS PO 2.5 MG</i>	P	
SEMGLEE (YFGN) SOPN	NP		<i>glipizide TABS PO 5 MG, 10 MG</i>	P	MP
TOUJEO MAX SOLOSTAR SOPN	NP	QL(0.4 ML daily); MP	<i>glipizide TB24 PO</i>	P	MP
TOUJEO SOLOSTAR SOPN	NP	QL(0.45 ML daily); MP	GLUCOTROL XL TB24 PO (<i>Use glipizide</i>)	NP	MP
TRESIBA FLEXTOUCH SOPN	NP	QL(2 ML daily); MP	<i>glyburide micronized PO 1.5 MG, 3 MG, 6 MG</i>	P	MP
TRESIBA SOLN	NP	QL(2 ML daily); MP	<i>glyburide TABS PO</i>	P	MP
Insulin Sensitizing Agents			GLYNASE PO (<i>Use glyburide micronized</i>)	NP	MP
ACTOS PO (<i>Use pioglitazone hcl</i>)	NP	QL(1 EA daily); MP	GLYNASE PO 3 MG (<i>Use glyburide micronized</i>)	NF	MP
<i>pioglitazone hcl PO</i>	P	QL(1 EA daily); MP	ANTIDIARRHEAL/PROBIOTIC AGENTS - Drugs to Treat Diarrhea		
Meglitinide Analogues					

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Antidiarrheal/Probiotic Agents - Misc.			Antidotes - Chelating Agents		
<i>bismuth subsalicylate</i> CHEW PO 262 MG	P		CHEMET PO	P	
<i>bismuth subsalicylate</i> SUSP PO 525 MG/15ML, 1050 MG/30ML	P		<i>deferasirox</i> PACK	NP	SP
<i>bismuth subsalicylate</i> TABS PO	P		<i>deferasirox</i> TABS PO	NP	SP
PEPTO-BISMOL MAX STRENGTH SUSP PO (Use <i>bismuth subsalicylate</i>)	NF		<i>deferasirox</i> TBSO	NP	SP
PEPTO-BISMOL TO-GO CHEW PO (Use <i>bismuth subsalicylate</i>)	NF		<i>deferiprone</i> TABS	NP	SP
PEPTO-BISMOL CHEW PO (Use <i>bismuth subsalicylate</i>)	NF		EXJADE TBSO (Use <i>deferasirox</i>)	NP	SP
PEPTO-BISMOL TABS PO (Use <i>bismuth subsalicylate</i>)	NF		FERRIPROX TWICE-A- DAY TABS	NP	SP
Antiperistaltic Agents			FERRIPROX SOLN	NP	SP
ANTI-DIARRHEAL LIQD PO	P	QL(40 ML daily)	FERRIPROX TABS (Use <i>deferiprone</i>)	NP	SP
<i>diphenoxylate w/ atropine</i> LIQD PO	P		JADENU SPRINKLE PACK (Use <i>deferasirox</i>)	NP	SP
<i>diphenoxylate w/ atropine</i> TABS PO	P		JADENU TABS PO (Use <i>deferasirox</i>)	NP	SP
IMODIUM A-D CAPS PO (Use <i>loperamide hcl</i>)	NF	QL(8 EA daily); RX/OTC	Antidotes and Specific Antagonists		
IMODIUM A-D SOLN PO (Use <i>loperamide hcl</i>)	NF		VISTOGARD	P	
IMODIUM A-D TABS PO (Use <i>loperamide hcl</i>)	NF	QL(8 EA daily)	Opioid Antagonists		
LOMOTIL TABS PO (Use <i>diphenoxylate w/ atropine</i>)	NF		KLOXXADO LIQD	P	
<i>loperamide hcl</i> CAPS PO	P	QL(8 EA daily); RX/OTC	NALMEFENE HCL IJ	P	
<i>loperamide hcl</i> SOLN PO 1 MG/7.5ML	P		<i>naloxone hcl</i> LIQD	P	RX/OTC
<i>loperamide hcl</i> TABS PO	P	QL(8 EA daily)	<i>naloxone hcl</i> SOCT	P	
ANTIDOTES AND SPECIFIC ANTAGONISTS			<i>naloxone hcl</i> SOLN 0.4 MG/ML, 4 MG/10ML	P	
			<i>naloxone hcl</i> SOSY 2 MG/2ML	P	
			<i>naltrexone hcl</i> PO	P	
			NARCAN LIQD (Use <i>naloxone hcl</i>)	P	RX/OTC
			OPVEE NA	P	
			VIVITROL	P	SP
			ZIMHI SOSY	P	
			ANTIEMETICS - Drugs to Treat Nausea and Vomiting		
			5-HT3 Receptor Antagonists		

Drug Name	Drug Tier	Requirements/Limits
ANZEMET TABS PO 50 MG	NP	
<i>granisetron hcl TABS PO</i>	NP	
<i>ondansetron hcl SOLN PO 4 MG/5ML</i>	P	QL(50 ML per fill retail)
<i>ondansetron hcl TABS PO 4 MG, 8 MG</i>	P	QL(20 EA per fill retail)
<i>ondansetron TBDP PO 4 MG, 8 MG</i>	P	QL(20 EA per fill retail)
SANCUSO PTCH	NP	
Antiemetics - Anticholinergic		
ANTIVERT CHEW PO <i>(Use meclizine hcl)</i>	NP	RX/OTC
ANTIVERT TABS PO 50 MG <i>(Use meclizine hcl)</i>	NP	
<i>meclizine hcl TABS PO 12.5 MG, 25 MG, 50 MG</i>	P	RX/OTC
<i>scopolamine</i>	P	
TRANSDERM-SCOP <i>(Use scopolamine)</i>	P	
<i>trimethobenzamide hcl CAPS PO</i>	NP	
Antiemetics - Miscellaneous		
AKYNZEO PO	NP	
BONJESTA TBCR	NP	
DICLEGIS TBEC PO <i>(Use doxylamine-pyridoxine)</i>	NP	
<i>doxylamine-pyridoxine TBEC PO</i>	NP	
<i>dronabinol CAPS PO</i>	NP	
MARINOL CAPS PO 2.5 MG <i>(Use dronabinol)</i>	NP	
MARINOL CAPS PO 5 MG, 10 MG <i>(Use dronabinol)</i>	NF	
Substance P/Neurokinin 1 (NK1) Receptor Antagonists		
<i>aprepitant CAPS PO</i>	P	
<i>aprepitant MISC PO</i>	P	

Drug Name	Drug Tier	Requirements/Limits
EMEND TRI-PACK CAPS PO <i>(Use aprepitant)</i>	NP	
EMEND CAPS PO 80 MG <i>(Use aprepitant)</i>	NP	
EMEND SUSR	NP	
ANTIFUNGALS - Drugs to Treat Fungal Infections		
Antifungal - Glucan Synthesis Inhibitors		
BREXAFEMME	NP	
<i>miconazole sodium</i>	P	
MICAFUNGIN SODIUM	P	
MYCAMINE <i>(Use miconazole sodium)</i>	NF	
Antifungals		
ANCOBON PO <i>(Use flucytosine)</i>	NP	
<i>flucytosine PO</i>	NP	
<i>griseofulvin microsize SUSP PO</i>	P	
<i>griseofulvin microsize TABS PO</i>	P	
<i>griseofulvin ultramicrosize PO</i>	P	
<i>nystatin TABS PO</i>	P	QL(6 EA daily)
<i>terbinafine hcl TABS PO</i>	P	QL(1 EA daily; 90 EA per 120 day(s) retail)
Imidazole-Related Antifungals		
CRESEMBA CAPS	NP	
DIFLUCAN SUSR PO <i>(Use fluconazole)</i>	NP	QL(70 ML per fill retail)
DIFLUCAN TABS PO 200 MG <i>(Use fluconazole)</i>	NP	QL(2 EA daily)
DIFLUCAN TABS PO 150 MG <i>(Use fluconazole)</i>	NF	QL(2 EA per fill retail)
DIFLUCAN TABS PO 100 MG <i>(Use fluconazole)</i>	NP	QL(1 EA daily)
<i>fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML</i>	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FLUCONAZOLE IN SODIUM CHLORIDE	P		CHLOR-TRIMETON SYRP PO (Use chlorpheniramine maleate)	NF	QL(60 ML daily)
<i>fluconazole SUSR PO</i>	P	QL(70 ML per fill retail)	CHLOR-TRIMETON TABS PO (Use chlorpheniramine maleate)	NF	QL(120 EA per fill retail)
<i>fluconazole TABS PO 150 MG</i>	P	QL(2 EA per fill retail)	Antihistamines - Ethanolamines		
<i>fluconazole TABS PO 200 MG</i>	P	QL(2 EA daily)	BENADRYL ALLERGY CHILDRENS LIQD PO (Use diphenhydramine hcl)	NF	QL(240 ML per fill retail)
<i>fluconazole TABS PO 50 MG</i>	P	QL(7 EA per fill retail)	BENADRYL ALLERGY ULTRATABS TABS PO (Use diphenhydramine hcl)	NF	QL(4 EA daily)
<i>fluconazole TABS PO 100 MG</i>	P	QL(1 EA daily)	BENADRYL ALLERGY CAPS PO (Use diphenhydramine hcl)	NF	QL(4 EA daily)
<i>itraconazole CAPS PO</i>	P	QL(1 EA daily)	BENADRYL ALLERGY TABS PO (Use diphenhydramine hcl)	NF	QL(4 EA daily)
<i>itraconazole SOLN</i>	NP		<i>clemastine fumarate TABS PO 1.34 MG</i>	P	QL(2 EA daily)
<i>ketoconazole PO</i>	P		DAYHIST ALLERGY 12 HOUR RELIEF TABS PO	P	QL(2 EA daily)
NOXAFIL PACK	NP		<i>diphenhydramine hcl CAPS PO</i>	P	QL(4 EA daily)
NOXAFIL SUSP (Use posaconazole)	NP		<i>diphenhydramine hcl ELIX PO 12.5 MG/5ML</i>	P	QL(240 ML per fill retail)
NOXAFIL TBEC (Use posaconazole)	NP		<i>diphenhydramine hcl LIQD PO 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML</i>	P	QL(240 ML per fill retail)
<i>posaconazole SUSP</i>	NP		<i>diphenhydramine hcl TABS PO 25 MG</i>	P	QL(4 EA daily)
<i>posaconazole TBEC</i>	NP		Antihistamines - Non-Sedating		
SPORANOX CAPS PO (Use itraconazole)	NP	QL(1 EA daily)	ALLEGRA ALLERGY TABS PO 180 MG (Use fexofenadine hcl)	NF	QL(1 EA daily)
SPORANOX SOLN (Use itraconazole)	NP				
TOLSURA CAPS PO	NP				
VFEND SUSR PO (Use voriconazole)	NP				
VFEND TABS PO (Use voriconazole)	NP				
VIVJOA	NP				
<i>voriconazole SUSR PO</i>	NP				
<i>voriconazole TABS PO</i>	NP				
ANTI-HISTAMINES - Drugs to Treat Allergies					
Antihistamines - Alkylamines					
<i>chlorpheniramine maleate SYRP PO</i>	P	QL(60 ML daily)			
<i>chlorpheniramine maleate TABS PO</i>	P	QL(120 EA per fill retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ALLEGRA ALLERGY TABS PO 60 MG (Use fexofenadine hcl)	NF	QL(2 EA daily)	ZYRTEC CHILDRENS ALLERGY CHEW PO 10 MG (Use cetirizine hcl)	NF	QL(1 EA daily)
<i>cetirizine hcl CHEW PO</i>	P	QL(1 EA daily)	ZYRTEC CHILDRENS ALLERGY SOLN PO (Use cetirizine hcl)	NF	QL(480 ML per fill retail); RX/OTC
<i>cetirizine hcl SOLN PO</i>	P	QL(480 ML per fill retail); RX/OTC	ZYRTEC CHEW PO 10 MG (Use cetirizine hcl)	NF	QL(1 EA daily)
<i>cetirizine hcl SYRP PO</i>	P	QL(480 ML per fill retail); RX/OTC	Antihistamines - Phenothiazines		
<i>cetirizine hcl TABS PO</i>	P	QL(1 EA daily)	<i>promethazine hcl SOLN PO 6.25 MG/5ML</i>	P	QL(240 ML per fill retail); AL(At least 2 yrs old)
CLARITIN ALLERGY CHILDRENS SOLN PO (Use loratadine)	NF	QL(240 ML per fill retail)	<i>promethazine hcl SUPP PR</i>	P	QL(12 EA per fill retail); AL(At least 2 yrs old)
CLARITIN REDITABS JUNIORS TBDP PO (Use loratadine)	NF		<i>promethazine hcl TABS PO</i>	P	AL(At least 2 yrs old)
CLARITIN REDITABS TBDP PO (Use loratadine)	NF		Antihistamines - Piperidines		
CLARITIN REDITABS TBDP PO (Use loratadine)	NF		<i>cyproheptadine hcl SYRP PO</i>	P	
CLARITIN SOLN PO (Use loratadine)	NF	QL(240 ML per fill retail)	<i>cyproheptadine hcl TABS PO</i>	P	
CLARITIN TABS PO (Use loratadine)	NF		ANTIHYPERLIPIDEMICS - Drugs to Treat High Cholesterol		
<i>fexofenadine hcl TABS PO 180 MG</i>	P	QL(1 EA daily)	Adenosine Triphosphate-Citrate Lyase (ACL) Inhibitors		
<i>fexofenadine hcl TABS PO 60 MG</i>	P	QL(2 EA daily)	NEXLETOL	NP	
<i>levocetirizine dihydrochloride TABS PO</i>	P	QL(1 EA daily); RX/OTC	Antihyperlipidemics - Combinations		
<i>loratadine SOLN PO</i>	P	QL(240 ML per fill retail)	<i>ezetimibe-simvastatin PO</i>	NP	ST; MP
<i>loratadine TABS PO</i>	P		NEXLIZET	NP	
<i>loratadine TBDP PO 10 MG</i>	P		VYTORIN PO (Use ezetimibe-simvastatin)	NP	ST; MP
XYZAL ALLERGY 24HR TABS PO (Use levocetirizine dihydrochloride)	NF	QL(1 EA daily); RX/OTC	Antihyperlipidemics - Misc.		
ZYRTEC ALLERGY TABS PO (Use cetirizine hcl)	NF	QL(1 EA daily)	<i>icosapent ethyl</i>	NP	
			LOVAZA PO (Use omega-3-acid ethyl esters)	NP	MP
			<i>omega-3-acid ethyl esters PO</i>	NP	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VASCEPA (Use icosapent ethyl)	NP		ANTARA PO 30 MG	NP	
Bile Acid Sequestrants			choline fenofibrate PO	P	MP
cholestyramine light PACK PO	P	MP	fenofibrate micronized PO 30 MG, 90 MG	P	
cholestyramine light POWD PO	P	MP	fenofibrate micronized PO 67 MG	P	QL(2 EA daily); MP
cholestyramine PACK PO	P	MP	fenofibrate micronized PO 134 MG, 200 MG	P	QL(1 EA daily); MP
cholestyramine POWD PO	P	MP	fenofibrate micronized PO 43 MG, 130 MG	P	MP
colesevelam hcl PACK	NP	MP	fenofibrate CAPS PO	P	MP
colesevelam hcl TABS PO	NP	MP	fenofibrate TABS PO 40 MG, 48 MG, 120 MG, 145 MG	P	MP
COLESTID FLAVORED GRAN PO (Use colestipol hcl)	NP	MP	fenofibrate TABS PO 54 MG	P	QL(3 EA daily); MP
COLESTID FLAVORED PACK PO (Use colestipol hcl)	NP	MP	fenofibrate TABS PO 160 MG	P	QL(1 EA daily); MP
COLESTID GRAN PO (Use colestipol hcl)	NP	MP	fenofibric acid PO	NP	
COLESTID PACK PO (Use colestipol hcl)	NP	MP	FENOGLIDE TABS PO (Use fenofibrate)	NP	MP
COLESTID TABS PO (Use colestipol hcl)	NP	MP	gemfibrozil TABS PO	P	QL(2 EA daily); MP
colestipol hcl GRAN PO	NP	MP	LIPOFEN CAPS PO (Use fenofibrate)	NP	MP
colestipol hcl PACK PO	NP	MP	LIPOFEN CAPS PO 50 MG (Use fenofibrate)	NF	MP
colestipol hcl TABS PO	NP	MP	LOPID TABS PO (Use gemfibrozil)	NP	QL(2 EA daily); MP
QUESTRAN LIGHT POWD PO (Use cholestyramine light)	NP	MP	TRICOR TABS PO (Use fenofibrate)	NP	MP
QUESTRAN PACK PO (Use cholestyramine)	NP	MP	TRILIPIX PO (Use choline fenofibrate)	NP	MP
QUESTRAN POWD PO (Use cholestyramine)	NP	MP	HMG CoA Reductase Inhibitors		
WELCHOL PACK (Use colesevelam hcl)	NP	MP	ALTOPREV TB24 PO 20 MG, 40 MG, 60 MG	NP	
WELCHOL TABS PO (Use colesevelam hcl)	NP	MP	ATORVALIQ SUSP	NP	
Fibric Acid Derivatives			atorvastatin calcium TABS PO	P	QL(1 EA daily); MP
ANTARA PO 90 MG (Use fenofibrate micronized)	NF		CRESTOR TABS PO 20 MG (Use rosuvastatin calcium)	NP	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
CRESTOR TABS PO 5 MG, 10 MG, 40 MG (<i>Use rosuvastatin calcium</i>)	NF	QL(1 EA daily); MP
EZALLOR SPRINKLE CPSP	NP	
<i>fluvastatin sodium CAPS PO</i>	NP	MP
<i>fluvastatin sodium TB24 PO</i>	NP	MP
LESCOL XL TB24 PO (<i>Use fluvastatin sodium</i>)	NP	MP
LESCOL XL TB24 PO (<i>Use fluvastatin sodium</i>)	NF	
LIPITOR TABS PO 10 MG, 20 MG, 80 MG (<i>Use atorvastatin calcium</i>)	NF	
LIPITOR TABS PO (<i>Use atorvastatin calcium</i>)	NP	QL(1 EA daily); MP
LIPITOR TABS PO (<i>Use atorvastatin calcium</i>)	NF	QL(1 EA daily); MP
LIVALO PO (<i>Use pitavastatin calcium</i>)	NP	
<i>lovastatin TABS PO 10 MG, 20 MG</i>	P	QL(1 EA daily); MP
<i>lovastatin TABS PO 40 MG</i>	P	QL(2 EA daily); MP
<i>pitavastatin calcium PO</i>	NP	
<i>pravastatin sodium PO</i>	P	QL(1 EA daily); MP
<i>rosuvastatin calcium TABS PO</i>	P	QL(1 EA daily); MP
<i>simvastatin TABS PO</i>	P	QL(1 EA daily); MP
ZOCOR TABS PO 10 MG, 20 MG, 40 MG (<i>Use simvastatin</i>)	NP	QL(1 EA daily); MP
ZYPITAMAG PO 2 MG, 4 MG	NP	
Intestinal Cholesterol Absorption Inhibitors		
<i>ezetimibe PO</i>	P	MP
ZETIA PO (<i>Use ezetimibe</i>)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
Microsomal Triglyceride Transfer Protein (MTP) Inhibitors		
JUXTAPID PO 5 MG, 10 MG, 20 MG, 30 MG	NP	SP
Nicotinic Acid Derivatives		
<i>niacin (antihyperlipidemic) TBCR PO</i>	NP	MP
Proprotein Convertase Subtilisin/Kexin Type 9 Inhibitors		
LEQVIO	NP	SP
PRALUENT SOAJ	NP	SP
REPATHA PUSHTRONEX SYSTEM SOCT	NP	SP
REPATHA SURECLICK SOAJ	NP	SP
REPATHA SOSY	NP	SP
ANTIHYPERTENSIVES - Drugs to Treat High Blood Pressure		
ACE Inhibitors		
ACCUPRIL PO (<i>Use quinapril hcl</i>)	NP	QL(1 EA daily); MP
ALTACE CAPS PO 1.25 MG, 2.5 MG, 5 MG, 10 MG (<i>Use ramipril</i>)	NP	QL(2 EA daily); MP
<i>benazepril hcl PO 40 MG</i>	P	QL(2 EA daily); MP
<i>benazepril hcl PO 5 MG, 10 MG, 20 MG</i>	P	QL(1 EA daily); MP
<i>captopril PO</i>	P	QL(3 EA daily); MP
<i>enalapril maleate SOLN</i>	NP	MP
<i>enalapril maleate TABS PO</i>	P	QL(2 EA daily); MP
EPANED SOLN (<i>Use enalapril maleate</i>)	NP	MP
<i>fosinopril sodium PO</i>	P	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>lisinopril TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG</i>	P	MP
LOTENSIN PO 40 MG (Use <i>benazepril hcl</i>)	NP	QL(2 EA daily); MP
LOTENSIN PO 10 MG, 20 MG (Use <i>benazepril hcl</i>)	NP	QL(1 EA daily); MP
<i>moexipril hcl PO</i>	P	MP
<i>perindopril erbumine PO</i>	NP	MP
QBRELIS SOLN	NP	MP
<i>quinapril hcl PO</i>	P	QL(1 EA daily); MP
<i>ramipril CAPS PO</i>	P	QL(2 EA daily); MP
<i>trandolapril PO 1 MG, 2 MG</i>	P	QL(1 EA daily); MP
<i>trandolapril PO 4 MG</i>	P	QL(2 EA daily); MP
VASOTEC TABS PO (Use <i>enalapril maleate</i>)	NP	QL(2 EA daily); MP
ZESTRIL TABS PO (Use <i>lisinopril</i>)	NP	MP
ZESTRIL TABS PO (Use <i>lisinopril</i>)	NF	
Agents for Pheochromocytoma		
DEMSER PO (Use <i>metyrosine</i>)	P	SP; MP
<i>metyrosine PO</i>	P	SP; MP
<i>phenoxybenzamine hcl PO</i>	NP	MP
Angiotensin II Receptor Antagonists		
ATACAND PO (Use <i>candesartan cilexetil</i>)	NP	MP
AVAPRO PO (Use <i>irbesartan</i>)	NP	QL(1 EA daily); MP
BENICAR PO (Use <i>olmesartan medoxomil</i>)	NP	ST; MP
<i>candesartan cilexetil PO</i>	NP	MP
COZAAR PO (Use <i>losartan potassium</i>)	NP	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
DIOVAN TABS PO (Use <i>valsartan</i>)	NP	QL(1 EA daily); MP
EDARBI PO	NP	
<i>irbesartan PO</i>	P	QL(1 EA daily); MP
<i>losartan potassium PO</i>	P	QL(1 EA daily); MP
MICARDIS PO (Use <i>telmisartan</i>)	NP	QL(1 EA daily); MP
<i>olmesartan medoxomil PO</i>	NP	ST; MP
<i>telmisartan PO</i>	NP	QL(1 EA daily); MP
<i>valsartan SOLN</i>	P	
<i>valsartan TABS PO</i>	P	QL(1 EA daily); MP
Antiadrenergic Antihypertensives		
CARDURA PO (Use <i>doxazosin mesylate</i>)	NF	MP
CARDURA PO (Use <i>doxazosin mesylate</i>)	NP	MP
<i>clonidine hcl TABS PO</i>	P	MP
<i>clonidine PTWK</i>	P	
<i>clonidine TB24</i>	NP	
<i>doxazosin mesylate PO</i>	P	MP
<i>guanfacine hcl PO</i>	P	MP
<i>methyldopa TABS PO</i>	P	MP
MINIPRESS CAPS PO (Use <i>prazosin hcl</i>)	NP	MP
<i>prazosin hcl CAPS PO</i>	P	MP
<i>terazosin hcl PO</i>	P	MP
Antihypertensive Combinations		
ACCURETIC PO 25 MG- 20 MG (Use <i>quinapril- hydrochlorothiazide</i>)	NP	QL(2 EA daily); MP
ACCURETIC PO 12.5 MG-10 MG (Use <i>quinapril- hydrochlorothiazide</i>)	NP	QL(3 EA daily); MP
ACCURETIC PO 12.5 MG-20 MG (Use <i>quinapril- hydrochlorothiazide</i>)	NP	QL(4 EA daily); MP

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
<i>amlodipine besylate-benazepril hcl PO</i>	P	QL(1 EA daily); MP	<i>fosinopril sodium & hydrochlorothiazide PO</i>	P	QL(1 EA daily); MP
<i>amlodipine besylate-olmesartan medoxomil PO</i>	NP	ST; MP	<i>HYZAAR PO (Use losartan potassium & hydrochlorothiazide)</i>	NP	QL(1 EA daily); MP
<i>amlodipine besylate-valsartan PO</i>	NP	ST; MP	<i>irbesartan-hydrochlorothiazide PO</i>	P	QL(1 EA daily); MP
<i>amlodipine-valsartan-hydrochlorothiazide PO</i>	NP	ST; MP	<i>lisinopril & hydrochlorothiazide PO</i>	P	MP
<i>ATACAND HCT PO (Use candesartan cilexetil-hydrochlorothiazide)</i>	NP	MP	<i>losartan potassium & hydrochlorothiazide PO</i>	P	QL(1 EA daily); MP
<i>atenolol & chlorthalidone PO</i>	P	QL(1 EA daily); MP	<i>LOTENSIN HCT PO 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)</i>	NP	QL(1 EA daily); MP
<i>AVALIDE PO (Use irbesartan-hydrochlorothiazide)</i>	NP	QL(1 EA daily); MP	<i>LOTREL PO 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)</i>	NP	QL(1 EA daily); MP
<i>AZOR PO (Use amlodipine besylate-olmesartan medoxomil)</i>	NP	ST; MP	<i>metoprolol & hydrochlorothiazide TABS PO</i>	P	QL(2 EA daily); MP
<i>benazepril & hydrochlorothiazide PO</i>	P	QL(1 EA daily); MP	<i>MICARDIS HCT PO (Use telmisartan-hydrochlorothiazide)</i>	NP	QL(1 EA daily); MP
<i>BENICAR HCT PO (Use olmesartan medoxomil-hydrochlorothiazide)</i>	NP	ST; MP	<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide PO</i>	NP	ST; MP
<i>bisoprolol & hydrochlorothiazide PO</i>	P	QL(1 EA daily); MP	<i>olmesartan medoxomil-hydrochlorothiazide PO</i>	NP	ST; MP
<i>candesartan cilexetil-hydrochlorothiazide PO</i>	NP	MP	<i>quinapril-hydrochlorothiazide PO 12.5 MG-20 MG</i>	P	QL(4 EA daily); MP
<i>captopril & hydrochlorothiazide PO</i>	P	QL(2 EA daily)	<i>quinapril-hydrochlorothiazide PO 25 MG-20 MG</i>	P	QL(2 EA daily); MP
<i>DIOVAN HCT PO (Use valsartan-hydrochlorothiazide)</i>	NP	QL(1 EA daily); MP	<i>quinapril-hydrochlorothiazide PO 12.5 MG-10 MG</i>	P	QL(3 EA daily); MP
<i>EDARBYCLOR PO</i>	NP		<i>TEKTURNA HCT PO 12.5 MG-300 MG, 25 MG-300 MG</i>	NP	
<i>enalapril maleate & hydrochlorothiazide PO</i>	P	QL(2 EA daily); MP			
<i>EXFORGE PO (Use amlodipine besylate-valsartan)</i>	NP	ST; MP			
<i>EXFORGE HCT PO (Use amlodipine-valsartan-hydrochlorothiazide)</i>	NP	ST; MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>telmisartan-amlodipine PO</i>	NP	MP	INSPIRA PO (<i>Use eplerenone</i>)	NP	MP
<i>telmisartan-hydrochlorothiazide PO</i>	NP	QL(1 EA daily); MP	Vasodilators		
TENORETIC 100 PO (<i>Use atenolol & chlorthalidone</i>)	NF		<i>hydralazine hcl TABS PO</i>	P	MP
TENORETIC 100 PO (<i>Use atenolol & chlorthalidone</i>)	NP	QL(1 EA daily); MP	<i>minoxidil PO 2.5 MG, 10 MG</i>	P	MP
TENORETIC 50 PO (<i>Use atenolol & chlorthalidone</i>)	NP	QL(1 EA daily); MP	ANTI-INFECTIVE AGENTS - MISC. - Drugs to Treat Bacterial Infections		
TENORETIC 50 PO (<i>Use atenolol & chlorthalidone</i>)	NF		Anti-infective Agents - Misc.		
<i>trandolapril-verapamil hcl PO</i>	P	MP	AEMCOLO PO	NP	
TRIBENZOR PO (<i>Use olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	NP	ST; MP	FLAGYL CAPS PO (<i>Use metronidazole</i>)	NP	
<i>valsartan-hydrochlorothiazide PO</i>	P	QL(1 EA daily); MP	LIKMEZ SUSP	NP	
VASERETIC PO 25 MG-10 MG (<i>Use enalapril maleate & hydrochlorothiazide</i>)	NP	QL(2 EA daily); MP	<i>metronidazole CAPS PO</i>	NP	
ZESTORETIC PO (<i>Use lisinopril & hydrochlorothiazide</i>)	NP	MP	<i>metronidazole SOLN</i>	P	
ZIAC PO (<i>Use bisoprolol & hydrochlorothiazide</i>)	NP	QL(1 EA daily); MP	METRONIDAZOLE SOLN (<i>Use metronidazole</i>)	NF	
Direct Renin Inhibitors			<i>metronidazole TABS PO</i>	P	
<i>aliskiren fumarate PO</i>	NP	MP	NEBUPENT IN (<i>Use pentamidine isethionate</i>)	P	
TEKTURNA PO (<i>Use aliskiren fumarate</i>)	NP	MP	<i>pentamidine isethionate IN</i>	P	
Selective Aldosterone Receptor Antagonists (SARAs)			<i>tinidazole PO</i>	NP	
<i>eplerenone PO</i>	NP	MP	<i>trimethoprim TABS PO</i>	P	
INSPIRA PO (<i>Use eplerenone</i>)	NF	MP	XIFAXAN PO	NP	
INSPIRA PO (<i>Use eplerenone</i>)	NF		Anti-infective Misc. - Combinations		
			BACTRIM DS TABS PO (<i>Use sulfamethoxazole-trimethoprim</i>)	NP	
			BACTRIM TABS PO (<i>Use sulfamethoxazole-trimethoprim</i>)	NP	
			<i>methenamine-hyoscamine-methylene blue-sodium phosphate TABS PO</i>	NP	
			<i>methenamine-hyosc-methylene blue-benzoic acid-phenyl sal PO</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal CAPS PO</i>	NP		VANCOGIN CAPS PO 125 MG (<i>Use vancomycin hcl</i>)	NP	QL(4 EA daily)
<i>methenamine-hyosc-methylene blue-sod phosph-phenyl sal TABS PO 81.6 MG</i>	NP		VANCOGIN CAPS PO 250 MG (<i>Use vancomycin hcl</i>)	NP	QL(8 EA daily)
<i>sulfamethoxazole-trimethoprim SUSP PO</i>	P		<i>vancomycin hcl CAPS PO 125 MG</i>	P	QL(4 EA daily)
<i>sulfamethoxazole-trimethoprim TABS PO</i>	P		<i>vancomycin hcl CAPS PO 250 MG</i>	P	QL(8 EA daily)
URIBEL PO	NP		<i>vancomycin hcl SOLR PO 25 MG/ML</i>	P	QL(300 ML per fill retail)
UROGESIC-BLUE TABS PO (<i>Use methenamine-hyoscamine-methylene blue-sodium phosphate</i>)	NP		<i>vancomycin hcl SOLR PO 50 MG/ML, 250 MG/5ML</i>	P	
Antiprotozoal Agents			Leprostotics		
<i>atovaquone PO</i>	P		<i>dapsone PO</i>	P	
LAMPIT	NP		Lincosamides		
MEPRON PO (<i>Use atovaquone</i>)	NP		CLEOCIN PO (<i>Use clindamycin hcl</i>)	NP	
<i>nitazoxanide TABS PO</i>	NP		CLEOCIN PO (<i>Use clindamycin palmitate hydrochloride</i>)	NP	QL(300 ML per fill retail)
Carbapenems			CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML	P	
<i>ertapenem sodium IJ</i>	P	SP	CLEOCIN PHOSPHATE SOLN IJ 900 MG/6ML (<i>Use clindamycin phosphate</i>)	NF	
<i>imipenem-cilastatin IV</i>	P		CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML	P	
INVANZ IJ (<i>Use ertapenem sodium</i>)	NF	SP	<i>clindamycin hcl PO</i>	P	
<i>meropenem</i>	P		<i>clindamycin palmitate hydrochloride PO</i>	P	QL(300 ML per fill retail)
MEROPENEM-SODIUM CHLORIDE	P		<i>clindamycin phosphate in d5w</i>	P	
PRIMAXIN IV IV 500 MG-500 MG (<i>Use imipenem-cilastatin</i>)	NF		CLINDAMYCIN PHOSPHATE IN NACL	P	
Glycopeptides			<i>clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML</i>	P	
FIRVANQ SOLR PO 25 MG/ML (<i>Use vancomycin hcl</i>)	NP	QL(300 ML per fill retail)			
FIRVANQ SOLR PO 50 MG/ML (<i>Use vancomycin hcl</i>)	NP				

Drug Name	Drug Tier	Requirements/Limits
<i>clindamycin phosphate SOLN IJ 9 GM/60ML, 9000 MG/60ML</i>	P	
Monobactams		
AZACTAM (<i>Use aztreonam</i>)	NF	
<i>aztreonam</i>	P	
CAYSTON	NP	SP
Oxazolidinones		
<i>linezolid SUSR</i>	NP	
<i>linezolid TABS PO</i>	NP	
SIVEXTRO TABS	NP	QL(6 EA per fill retail)
ZYVOX SUSR (<i>Use linezolid</i>)	NP	
ZYVOX TABS PO (<i>Use linezolid</i>)	NP	
Urinary Anti-infectives		
<i>fosfomycin tromethamine</i>	P	
HIPREX PO (<i>Use methenamine hippurate</i>)	NP	
MACROBID PO (<i>Use nitrofurantoin monohyd macro</i>)	NP	
MACRODANTIN PO (<i>Use nitrofurantoin macrocrystal</i>)	NP	
<i>methenamine hippurate PO</i>	P	
<i>methenamine mandelate</i>	P	
MONUROL (<i>Use fosfomycin tromethamine</i>)	NF	
<i>nitrofurantoin PO 25 MG/5ML</i>	P	QL(40 ML daily)
NITROFURANTOIN PO	P	
<i>nitrofurantoin macrocrystal PO</i>	P	
<i>nitrofurantoin monohyd macro PO</i>	P	
ANTIMALARIALS - Drugs to Treat Malaria		

Drug Name	Drug Tier	Requirements/Limits
(Parasitic Infections)		
Antimalarial Combinations		
<i>atovaquone-proguanil hcl PO</i>	P	MP
COARTEM	NP	QL(24 EA per fill retail)
MALARONE PO (<i>Use atovaquone-proguanil hcl</i>)	NP	MP
Antimalarials		
<i>chloroquine phosphate TABS PO 500 MG</i>	P	QL(8 EA per 56 day(s) retail)
<i>chloroquine phosphate TABS PO 250 MG</i>	P	QL(2 EA daily)
DARAPRIM PO (<i>Use pyrimethamine</i>)	NP	SP
DARAPRIM PO (<i>Use pyrimethamine</i>)	NF	SP
<i>hydroxychloroquine sulfate PO</i>	P	MP
KRINTAFEL	NP	QL(2 EA per 30 day(s) retail)
<i>mefloquine hcl PO</i>	P	MP
<i>primaquine phosphate TABS PO</i>	P	MP
PRIMAQUINE PHOSPHATE TABS PO (<i>Use primaquine phosphate</i>)	P	MP
<i>pyrimethamine PO</i>	NP	SP
QUALAQUIN CAPS PO (<i>Use quinine sulfate</i>)	NP	
QUALAQUIN CAPS PO (<i>Use quinine sulfate</i>)	NF	
<i>quinine sulfate CAPS PO 324 MG</i>	NP	
ANTIMYASTHENIC/CHOLINERGIC AGENTS		
Antimyasthenic/Cholinergic Agents		
FIRDAPSE	NP	SP
MESTINON SOLN PO (<i>Use pyridostigmine bromide</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits
MESTINON TABS PO (Use pyridostigmine bromide)	NP	
MESTINON TBCR PO (Use pyridostigmine bromide)	NP	
pyridostigmine bromide SOLN PO	P	
pyridostigmine bromide TABS PO	P	
pyridostigmine bromide TBCR PO	P	
ANTIMYCOBACTERIAL AGENTS - Drugs to Treat Tuberculosis (Bacterial Infections)		
Antimycobacterial Agents		
cycloserine PO	P	
ethambutol hcl TABS PO	P	
isoniazid SYRP PO	P	MP
isoniazid TABS PO	P	
MYAMBUTOL TABS PO 400 MG (Use ethambutol hcl)	NP	
MYCOBUTIN PO (Use rifabutin)	NP	
PRETOMANID	NP	
PRIFTIN PO	P	
pyrazinamide PO	P	
rifabutin PO	P	
rifampin CAPS PO	P	
SIRTURO	NP	
TRECTOR PO	P	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - Drugs to Treat Cancer		
Alkylating Agents		
cyclophosphamide CAPS	P	
CYCLOPHOSPHAMIDE TABS PO	P	
LEUKERAN PO	P	

Drug Name	Drug Tier	Requirements/Limits
melphalan PO	P	
MYLERAN TABS PO	P	
TEMODAR CAPS PO 250 MG (Use temozolomide)	NF	QL(2 EA daily); SP
temozolomide CAPS PO 180 MG, 250 MG	P	QL(2 EA daily); SP
temozolomide CAPS PO 5 MG, 20 MG, 100 MG, 140 MG	P	SP
Antimetabolites		
capecitabine PO	NP	SP
JYLAMVO SOLN	NP	SP
mercaptopurine TABS PO	P	
methotrexate sodium TABS PO 2.5 MG	P	
ONUREG TABS	NP	SP
PURIXAN SUSP	NP	
TABLOID PO	P	SP
TREXALL TABS PO 5 MG, 7.5 MG, 10 MG, 15 MG	P	
XATMEP SOLN	NP	
XELODA PO (Use capecitabine)	NP	SP
Antineoplastic - Angiogenesis Inhibitors		
FRUZAQLA	NP	SP
INLYTA	NP	SP
LENVIMA (10 MG DAILY DOSE)	NP	SP
LENVIMA (12 MG DAILY DOSE)	NP	SP
LENVIMA (14 MG DAILY DOSE)	NP	SP
LENVIMA (18 MG DAILY DOSE)	NP	SP
LENVIMA (20 MG DAILY DOSE)	NP	SP
LENVIMA (24 MG DAILY DOSE)	NP	SP

Drug Name	Drug Tier	Requirements/Limits
LENVIMA (4 MG DAILY DOSE)	NP	SP
LENVIMA (8 MG DAILY DOSE)	NP	SP
Antineoplastic - Anti-HER2 Agents		
TUKYSA	NP	SP
Antineoplastic - BCL-2 Inhibitors		
VENCLEXTA STARTING PACK TBPK	NP	SP
VENCLEXTA TABS	NP	SP
Antineoplastic - EGFR Inhibitors		
<i>erlotinib hcl</i>	P	SP
EXKIVITY	NP	SP
<i>gefitinib</i>	P	SP
GILOTRIF	NP	SP
IRESSA (Use <i>gefitinib</i>)	P	SP
TAGRISO	NP	SP
TARCEVA (Use <i>erlotinib hcl</i>)	NP	SP
VIZIMPRO	NP	SP
Antineoplastic - Hedgehog Pathway Inhibitors		
DAURISMO	NP	SP
ERIVEDGE	P	SP
ODOMZO PO	NP	SP
Antineoplastic - Hormonal and Related Agents		
<i>abiraterone acetate</i>	P	SP
AKEEGA	NP	SP
<i>anastrozole PO</i>	P	
ARIMIDEX PO (Use <i>anastrozole</i>)	NP	
AROMASIN PO (Use <i>exemestane</i>)	NP	
<i>bicalutamide PO</i>	P	QL(1 EA daily)
CASODEX PO (Use <i>bicalutamide</i>)	NP	QL(1 EA daily)
EMCYT PO	P	SP
ERLEADA	NP	SP

Drug Name	Drug Tier	Requirements/Limits
<i>exemestane PO</i>	P	
FARESTON PO (Use <i>toremifene citrate</i>)	NP	
FEMARA PO (Use <i>letrozole</i>)	NP	
<i>flutamide PO</i>	P	
<i>letrozole PO</i>	P	
LYSODREN PO	P	SP
<i>megestrol acetate SUSP PO</i>	P	
<i>megestrol acetate TABS PO</i>	P	
<i>nilutamide PO</i>	P	
NUBEQA	NP	SP
ORGOVYX	NP	SP
ORSERDU	P	SP
SOLTAMOX SOLN PO	P	
<i>tamoxifen citrate TABS PO</i>	P	
<i>toremifene citrate PO</i>	P	
XTANDI CAPS	NP	SP
XTANDI TABS	NP	SP
YONSA	NP	SP
ZYTIGA (Use <i>abiraterone acetate</i>)	NP	SP
Antineoplastic - Immunomodulators		
POMALYST	NP	SP
Antineoplastic - PDGFR-alpha Inhibitors		
AYVAKIT	NP	SP
Antineoplastic - XPO1 Inhibitors		
XPOVIO (100 MG ONCE WEEKLY) PO 50 MG	NP	SP
XPOVIO (40 MG ONCE WEEKLY) PO 40 MG	NP	SP
XPOVIO (40 MG TWICE WEEKLY) PO 40 MG	NP	SP
XPOVIO (60 MG ONCE WEEKLY) PO 60 MG	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
XPOVIO (60 MG TWICE WEEKLY) PO	NP	SP	COPIKTRA PO	NP	SP
XPOVIO (80 MG ONCE WEEKLY) PO 40 MG	NP	SP	COTELLIC	NP	SP
XPOVIO (80 MG TWICE WEEKLY) PO	NP	SP	<i>everolimus TABS</i>	NP	SP
Antineoplastic Combinations			<i>everolimus TBSO</i>	NP	SP
INQOVI	NP	SP	FOTIVDA	NP	SP
KISQALI FEMARA (200 MG DOSE)	NP	SP	GAVRETO	NP	SP
KISQALI FEMARA (400 MG DOSE)	NP	SP	GLEEVEC TABS PO 400 MG (<i>Use imatinib mesylate</i>)	NF	SP
KISQALI FEMARA (600 MG DOSE)	NP	SP	GLEEVEC TABS PO (<i>Use imatinib mesylate</i>)	NP	SP
LONSURF	NP	SP	IBRANCE CAPS	NP	SP
Antineoplastic Enzyme Inhibitors			IBRANCE TABS	NP	SP
AFINITOR DISPERZ TBSO (<i>Use everolimus</i>)	NP	SP	ICLUSIG PO	NP	SP
AFINITOR TABS (<i>Use everolimus</i>)	NP	SP	IDHIFA	NP	SP
ALECENSA	NP	SP	<i>imatinib mesylate TABS PO</i>	NP	SP
ALUNBRIG TABS PO	NP	SP	IMBRUVICA CAPS	NP	SP
ALUNBRIG TBPk	NP	SP	IMBRUVICA SUSP	NP	SP
AUGTYRO PO 40 MG	NP	SP	IMBRUVICA TABS	NP	SP
BALVERSA	NP	SP	INREBIC	NP	SP
BOSULIF CAPS	NP	SP	JAKAFI	P	SP
BOSULIF TABS	NP	SP	JAYPIRCA	NP	SP
BRAFTOVI PO 75 MG	NP	SP	KISQALI (200 MG DOSE)	NP	SP
BRUKINSA	NP	SP	KISQALI (400 MG DOSE)	NP	SP
CABOMETYX TABS PO	NP	SP	KISQALI (600 MG DOSE)	NP	SP
CALQUENCE	NP	SP	KOSELUGO	NP	SP
CALQUENCE	NP	SP	KRAZATI	NP	SP
CAPRELSA PO	P	SP	<i>lapatinib ditosylate</i>	NP	SP
COMETRIQ (100 MG DAILY DOSE) KIT	NP	SP	LORBRENA	NP	SP
COMETRIQ (140 MG DAILY DOSE) KIT	NP	SP	LUMAKRAS 120 MG, 320 MG	NP	SP
COMETRIQ (60 MG DAILY DOSE) KIT	NP	SP	LYNPARZA TABS PO	NP	SP
			LYTGOBI (12 MG DAILY DOSE)	NP	SP
			LYTGOBI (16 MG DAILY DOSE)	NP	SP
			LYTGOBI (20 MG DAILY DOSE)	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MEKINIST SOLR	NP	SP	TAZVERIK	NP	SP
MEKINIST TABS PO	NP	SP	TEPMETKO	NP	SP
MEKTOVI	NP	SP	TIBSOVO	NP	SP
NERLYNX	NP	SP	TRUQAP TABS	NP	SP
NEXAVAR PO (<i>Use sorafenib tosylate</i>)	NF	SP	TURALIO PO 125 MG	NP	SP
NEXAVAR PO (<i>Use sorafenib tosylate</i>)	P	SP	TYKERB (<i>Use lapatinib ditosylate</i>)	NP	SP
NINLARO	NP	SP	VANFLYTA	NP	SP
OJJAARA	NP	SP	VERZENIO	NP	SP
<i>pazopanib hcl</i>	P	SP	VITRAKVI CAPS PO	NP	SP
PEMAZYRE	NP	SP	VITRAKVI SOLN	NP	SP
PIQRAY (200 MG DAILY DOSE)	NP	SP	VONJO	NP	SP
PIQRAY (250 MG DAILY DOSE)	NP	SP	VOTRIENT	P	SP
PIQRAY (300 MG DAILY DOSE)	NP	SP	VOTRIENT (<i>Use pazopanib hcl</i>)	P	SP
QINLOCK	NP	SP	XALKORI CAPS	NP	SP
RETEVMO CAPS	NP	SP	XALKORI CPSP	NP	SP
REZLIDHIA	NP	SP	XOSPATA	NP	SP
ROZLYTREK CAPS	NP	SP	ZEJULA CAPS PO	NP	SP
ROZLYTREK PACK	NP	SP	ZEJULA TABS	NP	SP
RUBRACA	NP	SP	ZELBORAF PO	NP	SP
RYDAPT	NP	SP	ZOLINZA	NP	SP
SCEMBLIX 20 MG, 40 MG	NP	SP	ZYDELIG	NP	SP
<i>sorafenib tosylate PO</i>	P	SP	ZYKADIA TABS	NP	SP
SPRYCEL (<i>Use dasatinib</i>)	NP	SP	Antineoplastics Misc.		
STIVARGA	NP	SP	<i>bexarotene PO</i>	P	SP
<i>sunitinib malate PO</i>	P	SP	HYDREA PO (<i>Use hydroxyurea</i>)	NP	
SUTENT PO (<i>Use sunitinib malate</i>)	P	SP	<i>hydroxyurea PO</i>	P	
TABRECTA	NP	SP	MATULANE PO	P	SP
TAFINLAR CAPS PO	NP	SP	TARGRETIN PO (<i>Use bexarotene</i>)	NP	SP
TAFINLAR TBSO	NP	SP	<i>tretinoin (chemotherapy) PO</i>	P	SP
TALZENNA	NP	SP	Chemotherapy Rescue/Antidote/Protective Agents		
TASIGNA	NP	SP	IWILFIN	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>leucovorin calcium TABS PO</i>	P		<i>bromocriptine mesylate CAPS PO</i>	P	MP
MESNEX TABS PO	P	SP	<i>bromocriptine mesylate TABS PO 2.5 MG</i>	P	MP
Mitotic Inhibitors			<i>carbidopa-levodopa-entacapone PO</i>	NP	MP
<i>etoposide CAPS PO</i>	P	SP	<i>carbidopa-levodopa TABS PO</i>	P	MP
Topoisomerase I Inhibitors			<i>carbidopa-levodopa TBCR PO</i>	P	MP
HYCAMTIN CAPS PO	P	SP	<i>carbidopa-levodopa TBCR PO</i>	NP	MP
ANTIPARKINSON AND RELATED THERAPY AGENTS - Drugs to Treat Parkinson's Disease					
Antiparkinson Adjunctive Therapy					
<i>carbidopa PO</i>	P	MP	DHIVY TABS PO	NP	MP
LODOSYN PO (<i>Use carbidopa</i>)	NP	MP	GOCOVRI CP24	NP	SP
NOURIANZ PO	NP		INBRIJA CAPS	NP	
Antiparkinson Anticholinergics					
<i>benztropine mesylate TABS PO</i>	P	MP	MIRAPEX ER TB24 PO 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>Use pramipexole dihydrochloride</i>)	NP	MP
<i>trihexyphenidyl hcl SOLN</i>	P	MP	MIRAPEX ER TB24 PO 1.5 MG (<i>Use pramipexole dihydrochloride</i>)	NF	MP
<i>trihexyphenidyl hcl TABS PO</i>	P	MP	NEUPRO	NP	
Antiparkinson COMT Inhibitors					
COMTAN PO (<i>Use entacapone</i>)	NP	MP	OSMOLEX ER TB24 129 MG, 193 MG	NP	
<i>entacapone PO</i>	P	MP	PARLODEL CAPS PO (<i>Use bromocriptine mesylate</i>)	NP	MP
ONGENTYS	NP		PARLODEL TABS PO (<i>Use bromocriptine mesylate</i>)	NP	MP
TASMAR PO (<i>Use tolcapone</i>)	NP	MP	<i>pramipexole dihydrochloride TABS PO</i>	P	QL(3 EA daily); MP
<i>tolcapone PO</i>	NP	MP	<i>pramipexole dihydrochloride TB24 PO</i>	NP	MP
Antiparkinson Dopaminergics					
<i>amantadine hcl CAPS PO</i>	P	MP	<i>ropinirole hydrochloride TABS PO 0.25 MG, 3 MG, 4 MG</i>	P	QL(6 EA daily); MP
<i>amantadine hcl SOLN</i>	P		<i>ropinirole hydrochloride TABS PO 0.5 MG, 1 MG, 2 MG, 5 MG</i>	P	QL(3 EA daily); MP
<i>amantadine hcl TABS PO</i>	P	MP			
APOKYN SOCT	NP	SP			
<i>apomorphine hydrochloride SOCT</i>	NP	SP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ropinirole hydrochloride TB24 PO</i>	NP	MP	<i>lithium carbonate TBCR PO</i>	P	MP
RYTARY CPR PO	NP		LITHOBID TBCR PO (<i>Use lithium carbonate</i>)	NP	MP
SINEMET TABS PO 100 MG-10 MG, 100 MG-25 MG (<i>Use carbidopa-levodopa</i>)	NP	MP	Antipsychotics - Misc.		
STALEVO 100 PO (<i>Use carbidopa-levodopa-entacapone</i>)	NP	MP	CAPLYTA	NP	
STALEVO 125 PO (<i>Use carbidopa-levodopa-entacapone</i>)	NP	MP	EQUETRO PO	NP	
STALEVO 150 PO (<i>Use carbidopa-levodopa-entacapone</i>)	NP	MP	GEODON PO 20 MG, 60 MG, 80 MG (<i>Use ziprasidone hcl</i>)	NF	QL(2 EA daily); AL(At least 8 yrs old); MP
STALEVO 200 PO (<i>Use carbidopa-levodopa-entacapone</i>)	NP	MP	GEODON (<i>Use ziprasidone mesylate</i>)	NP	
STALEVO 50 PO (<i>Use carbidopa-levodopa-entacapone</i>)	NP	MP	GEODON (<i>Use ziprasidone mesylate</i>)	NF	
STALEVO 75 PO (<i>Use carbidopa-levodopa-entacapone</i>)	NP	MP	GEODON PO (<i>Use ziprasidone hcl</i>)	NP	QL(2 EA daily); AL(At least 8 yrs old); MP
Antiparkinson Monoamine Oxidase Inhibitors			GEODON (<i>Use ziprasidone mesylate</i>)	NF	
AZILECT PO (<i>Use rasagiline mesylate</i>)	NP	MP	LATUDA PO 40 MG, 80 MG (<i>Use lurasidone hcl</i>)	NF	
<i>rasagiline mesylate PO</i>	NP	MP	LATUDA PO (<i>Use lurasidone hcl</i>)	NP	
<i>selegiline hcl CAPS PO</i>	P	MP	<i>lurasidone hcl PO</i>	P	
<i>selegiline hcl TABS PO</i>	P	MP	NUPLAZID CAPS	NP	QL(1 EA daily)
XADAGO	NP		NUPLAZID TABS PO 10 MG	NP	QL(1 EA daily)
ZELAPAR TBDP	NP		VRAYLAR CAPS	NP	AL(At least 8 yrs old)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - Drugs to Treat Mood Disorders			VRAYLAR CPPK	NP	AL(At least 8 yrs old)
Antimanic Agents			<i>ziprasidone hcl PO</i>	P	QL(2 EA daily); AL(At least 8 yrs old); MP
<i>lithium PO</i>	P		<i>ziprasidone mesylate</i>	NP	
<i>lithium carbonate CAPS PO</i>	P	MP	Benzisoxazoles		
<i>lithium carbonate TABS PO</i>	P	MP	FANAPT PO	NP	
			FANAPT TITRATION PACK PO	NP	
			INVEGA PO 1.5 MG (<i>Use paliperidone</i>)	NF	AL(At least 8 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
INVEGA PO 3 MG, 6 MG, 9 MG (Use paliperidone)	NP	AL(At least 8 yrs old); MP	haloperidol TABS PO 0.5 MG, 1 MG, 10 MG	P	QL(3 EA daily); MP
INVEGA HAFYERA	P	AL(At least 18 yrs old); SP; PA	haloperidol TABS PO 2 MG, 5 MG, 20 MG	P	MP
INVEGA SUSTENNA	P	AL(At least 18 yrs old); SP; PA	Dibenzapines		
INVEGA TRINZA	P	AL(At least 18 yrs old); SP; PA	ADASUVE	NP	
paliperidone PO	NP	AL(At least 8 yrs old); MP	asenapine maleate	NP	
PERSERIS PRSY	P	SP; PA	clozapine TABS PO 100 MG	P	QL(9 EA daily); AL(At least 8 yrs old); MP
RISPERDAL CONSTA (Use risperidone microspheres)	NP	SP	clozapine TABS PO 25 MG, 50 MG, 200 MG	P	QL(3 EA daily); AL(At least 8 yrs old); MP
RISPERDAL CONSTA 50 MG (Use risperidone microspheres)	NF	SP	clozapine TBDP PO	NP	MP
RISPERDAL SOLN PO (Use risperidone)	NP	QL(4 ML daily); AL(At least 5 yrs old); MP	CLOZARIL TABS PO 50 MG, 200 MG (Use clozapine)	NF	QL(3 EA daily); AL(At least 8 yrs old); MP
RISPERDAL TABS PO 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	NP	QL(4 EA daily); AL(At least 5 yrs old); MP	CLOZARIL TABS PO 25 MG (Use clozapine)	NP	QL(3 EA daily); AL(At least 8 yrs old); MP
risperidone microspheres	NP	SP	CLOZARIL TABS PO 100 MG (Use clozapine)	NP	QL(9 EA daily); AL(At least 8 yrs old); MP
risperidone SOLN PO	P	QL(4 ML daily); AL(At least 5 yrs old); MP	loxapine succinate PO	P	QL(4 EA daily); MP
risperidone TABS PO	P	QL(4 EA daily); AL(At least 5 yrs old); MP	olanzapine SOLR	NP	
risperidone TBDP PO	NP	QL(2 EA daily); AL(At least 5 yrs old); MP	olanzapine TABS PO 2.5 MG, 5 MG	P	QL(4 EA daily); AL(At least 8 yrs old); MP
RYKINDO SRER	NP	SP	olanzapine TABS PO 7.5 MG, 10 MG	P	QL(2 EA daily); AL(At least 8 yrs old); MP
UZEDY SUSY	P	SP; PA	olanzapine TABS PO 15 MG, 20 MG	P	QL(1 EA daily); AL(At least 8 yrs old); MP
Butyrophenones			olanzapine TBDP PO	P	MP
HALDOL DECANOATE (Use haloperidol decanoate)	NF		quetiapine fumarate TABS PO 25 MG, 50 MG, 100 MG, 200 MG	P	QL(4 EA daily); AL(At least 8 yrs old); MP
haloperidol decanoate	P		quetiapine fumarate TABS PO 300 MG, 400 MG	P	QL(2 EA daily); AL(At least 8 yrs old); MP
haloperidol lactate CONC PO	P	MP	quetiapine fumarate TABS PO 150 MG	P	

Drug Name	Drug Tier	Requirements/Limits
<i>quetiapine fumarate TB24 PO</i>	P	MP
SAPHRIS (Use <i>asenapine maleate</i>)	NP	
SAPHRIS 5 MG, 10 MG (Use <i>asenapine maleate</i>)	NF	
SECUADO	NP	
SEROQUEL XR TB24 PO (Use <i>quetiapine fumarate</i>)	NP	MP
SEROQUEL TABS PO 25 MG, 50 MG, 100 MG, 200 MG (Use <i>quetiapine fumarate</i>)	NP	QL(4 EA daily); AL(At least 8 yrs old); MP
SEROQUEL TABS PO 300 MG, 400 MG (Use <i>quetiapine fumarate</i>)	NP	QL(2 EA daily); AL(At least 8 yrs old); MP
VERSACLOZ SUSP PO	NP	
ZYPREXA RELPREVV	NP	SP
ZYPREXA ZYDIS TBDP PO (Use <i>olanzapine</i>)	NP	MP
ZYPREXA SOLR (Use <i>olanzapine</i>)	NP	
ZYPREXA TABS PO 7.5 MG, 10 MG (Use <i>olanzapine</i>)	NP	QL(2 EA daily); AL(At least 8 yrs old); MP
ZYPREXA TABS PO 20 MG (Use <i>olanzapine</i>)	NF	
ZYPREXA TABS PO 15 MG, 20 MG (Use <i>olanzapine</i>)	NP	QL(1 EA daily); AL(At least 8 yrs old); MP
ZYPREXA TABS PO 2.5 MG, 5 MG (Use <i>olanzapine</i>)	NP	QL(4 EA daily); AL(At least 8 yrs old); MP
Dihydroindolones		
<i>molindone hcl PO 5 MG, 25 MG</i>	NP	QL(4 EA daily); MP
Phenothiazines		
<i>chlorpromazine hcl CONC PO</i>	P	
<i>chlorpromazine hcl TABS PO 10 MG</i>	P	QL(10 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>chlorpromazine hcl TABS PO 25 MG, 50 MG, 100 MG, 200 MG</i>	P	QL(3 EA daily); MP
<i>fluphenazine decanoate</i>	P	
<i>fluphenazine hcl CONC PO</i>	P	MP
<i>fluphenazine hcl ELIX PO</i>	P	MP
<i>fluphenazine hcl TABS PO</i>	P	MP
<i>perphenazine TABS PO</i>	P	QL(4 EA daily); MP
<i>prochlorperazine PR</i>	P	
<i>prochlorperazine maleate TABS PO</i>	P	MP
<i>thioridazine hcl PO</i>	P	QL(3 EA daily); MP
<i>trifluoperazine hcl TABS PO</i>	P	QL(3 EA daily); MP
Quinolinone Derivatives		
ABILIFY ASIMTUFII PRSY	P	SP; PA
ABILIFY MAINTENA PRSY	P	AL(At least 18 yrs old); SP; PA
ABILIFY MAINTENA SRER	P	AL(At least 18 yrs old); SP; PA
ABILIFY MYCITE MAINTENANCE KIT	NP	AL(At least 8 yrs old); SP
ABILIFY MYCITE STARTER KIT	NP	AL(At least 8 yrs old); SP
ABILIFY TABS PO (Use <i>aripiprazole</i>)	NP	QL(1 EA daily); AL(At least 6 yrs old); MP
<i>aripiprazole SOLN PO</i>	NP	QL(750 ML per 30 day(s) retail; 2250 ML per 90 days mail); AL(At least 6 yrs old); MP
<i>aripiprazole TABS PO</i>	P	QL(1 EA daily); AL(At least 6 yrs old); MP
<i>aripiprazole TBDP PO</i>	NP	QL(1 EA daily); AL(At least 6 yrs old); MP

Drug Name	Drug Tier	Requirements/Limits
ARISTADA	P	SP; PA
ARISTADA INITIO	P	SP; PA
REXULTI	NP	
Thioxanthenes		
<i>thiothixene PO</i>	P	QL(3 EA daily); MP
ANTISEPTICS & DISINFECTANTS		
Antiseptics & Disinfectants		
<i>formaldehyde SOLN 10 %</i>	P	QL(90 ML per fill retail)
Chlorine Antiseptics		
<i>chlorhexidine gluconate SOLN EX 4 %</i>	P	
HIBICLENS SOLN EX (Use <i>chlorhexidine gluconate</i>)	NF	
HIBICLENS SOLN EX (Use <i>chlorhexidine gluconate</i>)	P	
ANTIVIRALS - Drugs to Treat Viral Infections		
Antiretrovirals		
<i>abacavir sulfate-lamivudine PO</i>	P	QL(1 EA daily); MP
<i>abacavir sulfate SOLN PO</i>	P	QL(30 ML daily); MP
<i>abacavir sulfate TABS PO</i>	P	QL(2 EA daily); MP
APRETUDE	P	
APRETUDE	NP	
APTIVUS CAPS	P	QL(4 EA daily); MP
<i>atazanavir sulfate CAPS PO</i>	P	QL(2 EA daily); MP
ATRIPLA PO (Use <i>efavirenz-emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily); MP
BIKTARVY 120 MG-30 MG-15 MG	P	
BIKTARVY 200 MG-50 MG-25 MG	P	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
CABENUVA	P	PA
CIMDUO	NP	QL(1 EA daily); MP
COMBIVIR PO (Use <i>lamivudine-zidovudine</i>)	NP	QL(2 EA daily); MP
COMPLERA	P	QL(1 EA daily); MP
<i>darunavir TABS</i>	P	
DELSTRIGO	P	QL(1 EA daily); MP
DESCOVY 200 MG-25 MG	P	QL(1 EA daily); MP
DESCOVY 120 MG-15 MG	P	
DOVATO	P	MP
EDURANT	P	QL(1 EA daily); MP
<i>efavirenz CAPS PO 50 MG</i>	P	QL(2 EA daily); MP
<i>efavirenz CAPS PO 200 MG</i>	P	QL(1 EA daily); MP
<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate PO</i>	P	QL(1 EA daily); MP
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-400 MG-300 MG</i>	NP	MP
<i>efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG-300 MG</i>	NP	QL(1 EA daily); MP
<i>efavirenz TABS PO</i>	P	QL(1 EA daily); MP
<i>emtricitabine CAPS PO</i>	P	QL(1 EA daily); MP
<i>emtricitabine-tenofovir disoproxil fumarate PO 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG</i>	P	MP
<i>emtricitabine-tenofovir disoproxil fumarate PO 200 MG-300 MG</i>	P	QL(1 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EMTRIVA CAPS PO (<i>Use emtricitabine</i>)	P	QL(1 EA daily); MP	KALETRA TABS PO (<i>Use lopinavir-ritonavir</i>)	NF	
EMTRIVA SOLN	P	QL(24 ML daily); MP	KALETRA TABS PO 25 MG-100 MG (<i>Use lopinavir-ritonavir</i>)	P	QL(4 EA daily); MP
EPIVIR SOLN PO (<i>Use lamivudine</i>)	NP	QL(30 ML daily); MP	KALETRA TABS PO 50 MG-200 MG (<i>Use lopinavir-ritonavir</i>)	P	QL(6 EA daily); MP
EPIVIR TABS PO 300 MG (<i>Use lamivudine</i>)	NP	QL(1 EA daily); MP	<i>lamivudine SOLN PO</i>	P	QL(30 ML daily); MP
EPIVIR TABS PO 150 MG (<i>Use lamivudine</i>)	NP	QL(2 EA daily); MP	<i>lamivudine TABS PO 300 MG</i>	P	QL(1 EA daily); MP
EPZICOM PO (<i>Use abacavir sulfate-lamivudine</i>)	NP	QL(1 EA daily); MP	<i>lamivudine TABS PO 150 MG</i>	P	QL(2 EA daily); MP
<i>etravirine PO 100 MG</i>	P	QL(4 EA daily); MP	<i>lamivudine-zidovudine PO</i>	P	QL(2 EA daily); MP
<i>etravirine PO 200 MG</i>	P	QL(2 EA daily); MP	LEXIVA SUSP PO	P	QL(56 ML daily); MP
EVOTAZ	NP	QL(1 EA daily); MP	LEXIVA TABS PO (<i>Use fosamprenavir calcium</i>)	P	QL(4 EA daily); MP
<i>fosamprenavir calcium TABS PO</i>	P	QL(4 EA daily); MP	<i>lopinavir-ritonavir SOLN PO</i>	P	QL(10.67 ML daily); MP
FUZEON SOLR	NP	SP; MP	<i>lopinavir-ritonavir TABS PO 25 MG-100 MG</i>	P	QL(4 EA daily); MP
GENVOYA	P	QL(1 EA daily); MP	<i>lopinavir-ritonavir TABS PO 50 MG-200 MG</i>	P	QL(6 EA daily); MP
INTELENCE PO	P	QL(4 EA daily); MP	<i>maraviroc TABS PO 150 MG</i>	NP	QL(2 EA daily); MP
INTELENCE PO 200 MG (<i>Use etravirine</i>)	P	QL(2 EA daily); MP	<i>maraviroc TABS PO 300 MG</i>	NP	QL(4 EA daily); MP
INTELENCE PO (<i>Use etravirine</i>)	P	QL(4 EA daily); MP	<i>nevirapine SUSP PO</i>	P	QL(40 ML daily); MP
ISENTRESS HD TABS PO	P	QL(2 EA daily); MP	<i>nevirapine TABS PO</i>	P	QL(2 EA daily); MP
ISENTRESS CHEW 100 MG	P	QL(6 EA daily); MP	<i>nevirapine TB24 PO 400 MG</i>	P	QL(1 EA daily); MP
ISENTRESS CHEW 25 MG	P	QL(12 EA daily); MP	<i>nevirapine TB24 PO 100 MG</i>	P	QL(3 EA daily); MP
ISENTRESS PACK PO	P	QL(2 EA daily); MP	NORVIR PACK	P	MP
ISENTRESS TABS PO	P	QL(2 EA daily); MP	NORVIR TABS PO (<i>Use ritonavir</i>)	P	QL(12 EA daily); MP
JULUCA	NP	QL(1 EA daily); MP	ODEFSEY	P	QL(1 EA daily); MP
KALETRA SOLN PO (<i>Use lopinavir-ritonavir</i>)	NP	QL(10.67 ML daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PIFELTRO	NP	QL(1 EA daily); MP	SYMFI LO (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	MP
PREZCOBIX	NP	QL(1 EA daily); MP	SYMTUZA	P	QL(1 EA daily); MP
PREZISTA SUSP	P		<i>tenofovir disoproxil fumarate TABS PO</i>	P	QL(1 EA daily); MP
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	P		TIVICAY PD TBSO	P	MP
PREZISTA TABS (<i>Use darunavir</i>)	P		TIVICAY TABS	P	MP
RETROVIR CAPS PO (<i>Use zidovudine</i>)	NP	QL(6 EA daily); MP	TRIUMEQ PD TBSO	P	
RETROVIR SYRP PO (<i>Use zidovudine</i>)	NP	QL(60 ML daily); MP	TRIUMEQ TABS	P	MP
REYATAZ CAPS PO 200 MG, 300 MG (<i>Use atazanavir sulfate</i>)	P	QL(2 EA daily); MP	TRIZIVIR PO	NP	QL(2 EA daily); MP
REYATAZ PACK	P	QL(6 EA daily); MP	TROGARZO	P	SP; MP; PA
<i>ritonavir TABS PO</i>	P	QL(12 EA daily); MP	TRUVADA PO 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	P	MP
RUKOBIA	NP	MP	TRUVADA PO 200 MG-300 MG (<i>Use emtricitabine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily); MP
SELZENTRY SOLN	NP	QL(35 ML daily); MP	TYBOST	NP	QL(1 EA daily); MP
SELZENTRY TABS PO 300 MG (<i>Use maraviroc</i>)	NP	QL(4 EA daily); MP	VIRACEPT TABS PO 250 MG	P	QL(9 EA daily); MP
SELZENTRY TABS PO 25 MG, 75 MG, 150 MG	NP	QL(2 EA daily); MP	VIRACEPT TABS PO 625 MG	P	QL(4 EA daily); MP
SELZENTRY TABS PO (<i>Use maraviroc</i>)	NP	QL(2 EA daily); MP	VIREAD POWD	P	QL(8 GM daily); MP
STRIBILD	NP	QL(1 EA daily); MP	VIREAD TABS PO (<i>Use tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily); MP
SUNLENCA SOLN	P	SP; PA	VIREAD TABS PO	P	QL(1 EA daily); MP
SUNLENCA TBPK 300 MG	P	SP; PA	ZIAGEN SOLN PO (<i>Use abacavir sulfate</i>)	P	QL(30 ML daily); MP
SUSTIVA CAPS PO 200 MG (<i>Use efavirenz</i>)	NF	QL(1 EA daily); MP	ZIAGEN TABS PO (<i>Use abacavir sulfate</i>)	NP	QL(2 EA daily); MP
SUSTIVA CAPS PO 50 MG (<i>Use efavirenz</i>)	NF	QL(2 EA daily); MP	<i>zidovudine CAPS PO</i>	P	QL(6 EA daily); MP
SYMFI (<i>Use efavirenz-lamivudine-tenofovir disoproxil fumarate</i>)	P	QL(1 EA daily); MP	<i>zidovudine SYRP PO</i>	P	QL(60 ML daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>zidovudine TABS PO</i>	P	QL(2 EA daily); MP
Antiviral Combinations		
PAXLOVID (150/100)	P	Maximum 5-day supply; AL(At least 12 yrs old)
PAXLOVID (300/100)	P	Maximum 5-day supply; AL(At least 12 yrs old)
CMV Agents		
LIVTENCITY	P	SP; PA
PREVYMIS TABS	P	SP; PA
VALCYTE SOLR (Use <i>valganciclovir hcl</i>)	NP	
VALCYTE TABS PO (Use <i>valganciclovir hcl</i>)	NP	QL(2 EA daily)
<i>valganciclovir hcl SOLR</i>	NP	
<i>valganciclovir hcl TABS PO</i>	P	QL(2 EA daily)
Hepatitis Agents		
<i>adefovir dipivoxil PO</i>	NP	
BARACLUDE SOLN	NP	
BARACLUDE TABS PO (Use <i>entecavir</i>)	NP	
<i>entecavir TABS PO</i>	P	
EPCLUSA PACK	NP	SP
EPCLUSA TABS	NP	SP
EPCLUSA TABS	NP	SP
EPIVIR HBV SOLN	NP	
EPIVIR HBV TABS PO (Use <i>lamivudine (hbv)</i>)	NP	
HARVONI PACK	NP	SP
HARVONI TABS	NP	SP
HARVONI TABS	NP	SP
<i>lamivudine (hbv) TABS PO</i>	NP	
LEDIPASVIR-SOFOSBUVIR TABS	NP	SP

Drug Name	Drug Tier	Requirements/Limits
MAVYRET PACK	P	SP
MAVYRET TABS PO	P	QL(3 EA daily); SP
PEGASYS SOSY	NP	SP
<i>ribavirin (hepatitis c) CAPS PO</i>	P	SP
<i>ribavirin (hepatitis c) TABS PO 200 MG</i>	P	SP
SOFOSBUVIR-VELPATASVIR TABS	P	SP
SOVALDI PACK	NP	SP
SOVALDI TABS	NP	SP
VEMLIDY	NP	SP
VOSEVI	NP	SP
ZEPATIER	NP	SP
Herpes Agents		
<i>acyclovir CAPS PO</i>	P	QL(50 EA per 30 day(s) retail)
<i>acyclovir SUSP PO</i>	P	QL(400 ML per 30 day(s) retail)
<i>acyclovir TABS PO 800 MG</i>	P	QL(50 EA per 30 day(s) retail)
<i>acyclovir TABS PO 400 MG</i>	P	QL(3 EA daily)
<i>famciclovir PO</i>	NP	
SITAVIG TABS BU	NP	
<i>valacyclovir hcl PO 1 GM</i>	P	QL(42 EA per 21 day(s) retail)
<i>valacyclovir hcl PO 500 MG</i>	P	QL(2 EA daily)
VALTREX PO 1 GM (Use <i>valacyclovir hcl</i>)	NP	QL(42 EA per 21 day(s) retail)
VALTREX PO 500 MG (Use <i>valacyclovir hcl</i>)	NP	QL(2 EA daily)
ZOVIRAX SUSP PO (Use <i>acyclovir</i>)	NF	QL(400 ML per 30 day(s) retail)
Influenza Agents		
<i>oseltamivir phosphate CAPS PO 45 MG</i>	P	QL(20 EA per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>oseltamivir phosphate</i> CAPS PO 75 MG	P	QL(20 EA per 30 day(s) retail); 1 max fill(s) per 180 day(s) retail	<i>carvedilol PO</i> 3.125 MG, 6.25 MG, 12.5 MG	P	QL(3 EA daily); MP
<i>oseltamivir phosphate</i> CAPS PO 30 MG	P	QL(40 EA per 30 day(s) retail)	<i>carvedilol PO</i> 25 MG	P	QL(4 EA daily); MP
<i>oseltamivir phosphate</i> SUSR PO	P	QL(120 ML per 30 day(s) retail)	<i>carvedilol phosphate PO</i>	NP	QL(1 EA daily); MP
RELENZA DISKHALER	P	QL(20 EA per fill retail)	COREG PO 25 MG (<i>Use carvedilol</i>)	NF	QL(4 EA daily); MP
<i>rimantadine hydrochloride</i> TABS PO	NP		COREG PO 25 MG (<i>Use carvedilol</i>)	NP	QL(4 EA daily); MP
TAMIFLU CAPS PO 45 MG (<i>Use oseltamivir phosphate</i>)	NP	QL(20 EA per 30 day(s) retail)	COREG PO 3.125 MG, 6.25 MG, 12.5 MG (<i>Use carvedilol</i>)	NP	QL(3 EA daily); MP
TAMIFLU CAPS PO 30 MG (<i>Use oseltamivir phosphate</i>)	NP	QL(40 EA per 30 day(s) retail)	COREG PO 3.125 MG, 6.25 MG, 12.5 MG (<i>Use carvedilol</i>)	NF	QL(3 EA daily); MP
TAMIFLU CAPS PO 75 MG (<i>Use oseltamivir phosphate</i>)	NP	QL(20 EA per 30 day(s) retail); 1 max fill(s) per 180 day(s) retail	COREG CR PO (<i>Use carvedilol phosphate</i>)	NF	QL(1 EA daily); MP
TAMIFLU SUSR PO (<i>Use oseltamivir phosphate</i>)	NP	QL(120 ML per 30 day(s) retail)	COREG CR PO (<i>Use carvedilol phosphate</i>)	NP	QL(1 EA daily); MP
XOFLUZA (40 MG DOSE) PO 40 MG	NP		<i>labetalol hcl</i> TABS PO 100 MG	P	QL(3 EA daily); MP
XOFLUZA (80 MG DOSE) PO 80 MG	NP		<i>labetalol hcl</i> TABS PO 200 MG	P	QL(6 EA daily); MP
			<i>labetalol hcl</i> TABS PO 300 MG	P	QL(8 EA daily); MP
Beta Blockers Cardio-Selective					
<i>acebutolol hcl</i> CAPS PO					
	P			P	MP
<i>atenolol</i> TABS PO					
	P			P	QL(2 EA daily); MP
<i>betaxolol hcl</i> PO					
	P			P	MP
<i>bisoprolol fumarate</i> PO					
	P			P	QL(1 EA daily); MP
BYSTOLIC PO (<i>Use nebivolol hcl</i>)					
	NP			NP	
BYSTOLIC PO 2.5 MG, 5 MG, 20 MG (<i>Use nebivolol hcl</i>)					
	NF			NF	
KAPSPARGO SPRINKLE CS24					
	NP			NP	
LOPRESSOR TABS PO 50 MG (<i>Use metoprolol tartrate</i>)					
	NP			NP	QL(4 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LOPRESSOR TABS PO 100 MG (Use metoprolol tartrate)	NP	QL(4.5 EA daily); MP	<i>pindolol TABS PO</i>	P	MP
<i>metoprolol succinate TB24 PO 25 MG, 50 MG, 100 MG</i>	P	QL(4 EA daily); MP	<i>propranolol hcl CP24 PO</i>	P	QL(2 EA daily); MP
<i>metoprolol succinate TB24 PO 200 MG</i>	P	QL(2 EA daily); MP	<i>propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML</i>	P	MP
<i>metoprolol tartrate TABS PO 100 MG</i>	P	QL(4.5 EA daily); MP	<i>propranolol hcl TABS PO</i>	P	MP
<i>metoprolol tartrate TABS PO 25 MG, 50 MG</i>	P	QL(4 EA daily); MP	<i>sotalol hcl (afib/af) PO</i>	NP	QL(2 EA daily); MP
<i>metoprolol tartrate TABS PO 37.5 MG, 75 MG</i>	P	MP	<i>sotalol hcl TABS PO 240 MG</i>	P	MP
<i>nebivolol hcl PO</i>	NP		<i>sotalol hcl TABS PO 80 MG, 120 MG, 160 MG</i>	P	QL(2 EA daily); MP
TENORMIN TABS PO (Use atenolol)	NP	QL(2 EA daily); MP	SOTYLIZE SOLN PO	NP	MP
TOPROL XL TB24 PO 25 MG, 50 MG, 100 MG (Use metoprolol succinate)	NP	QL(4 EA daily); MP	<i>timolol maleate TABS PO</i>	P	MP
TOPROL XL TB24 PO 200 MG (Use metoprolol succinate)	NP	QL(2 EA daily); MP	CALCIUM CHANNEL BLOCKERS - Drugs to Treat High Blood Pressure		
Beta Blockers Non-Selective			Calcium Channel Blockers		
BETAPACE AF PO (Use sotalol hcl (afib/af))	NP	QL(2 EA daily); MP	<i>amlodipine besylate TABS PO</i>	P	QL(1 EA daily); MP
BETAPACE TABS PO 80 MG, 120 MG, 160 MG (Use sotalol hcl)	NP	QL(2 EA daily); MP	CALAN SR TBCR PO (Use verapamil hcl)	NF	QL(2 EA daily); MP
CORGARD TABS PO 20 MG, 40 MG (Use nadolol)	NP	QL(2 EA daily); MP	CARDIZEM CD CP24 PO 120 MG, 180 MG, 300 MG (Use diltiazem hcl coated beads)	NP	QL(1 EA daily); MP
CORGARD TABS PO 80 MG (Use nadolol)	NF	QL(2 EA daily); MP	CARDIZEM CD CP24 PO 360 MG (Use diltiazem hcl coated beads)	NP	MP
HEMANGEOL SOLN PO	P	SP; MP; PA	CARDIZEM CD CP24 PO 240 MG (Use diltiazem hcl coated beads)	NP	QL(2 EA daily); MP
INDERAL LA CP24 PO (Use propranolol hcl)	NP	QL(2 EA daily); MP	CARDIZEM LA TB24 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (Use diltiazem hcl)	NP	
INDERAL LA CP24 PO (Use propranolol hcl)	NF		CARDIZEM LA TB24 120 MG (Use diltiazem hcl)	NP	
INDERAL XL PO	NP		CARDIZEM TABS PO 30 MG, 60 MG, 120 MG (Use diltiazem hcl)	NP	QL(3 EA daily); MP
INNOPRAN XL PO	NP		<i>diltiazem hcl coated beads CP24 PO 360 MG</i>	P	MP
<i>nadolol TABS PO 20 MG, 40 MG, 80 MG</i>	P	QL(2 EA daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>diltiazem hcl coated beads CP24 PO 120 MG, 180 MG, 300 MG</i>	P	QL(1 EA daily); MP	SULAR PO 8.5 MG, 17 MG, 34 MG (<i>Use nisoldipine</i>)	NP	MP
<i>diltiazem hcl coated beads CP24 PO 240 MG</i>	P	QL(2 EA daily); MP	TIAZAC PO (<i>Use diltiazem hcl extended release beads</i>)	NP	QL(1 EA daily); MP
<i>diltiazem hcl extended release beads PO</i>	P	QL(1 EA daily); MP	VERAPAMIL HCL ER CP24 PO (<i>Use verapamil hcl</i>)	P	QL(2 EA daily); MP
<i>diltiazem hcl CP12 PO</i>	P	QL(2 EA daily); MP	<i>verapamil hcl CP24 PO 100 MG, 120 MG, 180 MG, 200 MG, 240 MG</i>	P	QL(2 EA daily); MP
<i>diltiazem hcl CP24 PO 240 MG</i>	P	QL(2 EA daily); MP	<i>verapamil hcl CP24 PO 300 MG, 360 MG</i>	P	QL(1 EA daily); MP
<i>diltiazem hcl CP24 PO 120 MG, 180 MG</i>	P	QL(1 EA daily); MP	<i>verapamil hcl TABS PO</i>	P	QL(3 EA daily); MP
<i>diltiazem hcl TABS PO</i>	P	QL(3 EA daily); MP	<i>verapamil hcl TBCR PO</i>	P	QL(2 EA daily); MP
<i>diltiazem hcl TB24</i>	P		VERELAN PM CP24 PO 100 MG, 200 MG (<i>Use verapamil hcl</i>)	NP	QL(2 EA daily); MP
<i>felodipine PO</i>	P	QL(1 EA daily); MP	VERELAN PM CP24 PO 300 MG (<i>Use verapamil hcl</i>)	NP	QL(1 EA daily); MP
<i>isradipine CAPS PO</i>	NP	MP	VERELAN CP24 PO 120 MG, 180 MG, 240 MG (<i>Use verapamil hcl</i>)	NP	QL(2 EA daily); MP
KATERZIA	NP	MP	VERELAN CP24 PO 360 MG (<i>Use verapamil hcl</i>)	NP	QL(1 EA daily); MP
<i>levamlodipine maleate</i>	NP		CARDIOTONICS - Drugs to Treat Heart Failure and Abnormal Heart Rhythm		
<i>nicardipine hcl CAPS PO</i>	NP	MP	Cardiac Glycosides		
<i>nifedipine CAPS PO</i>	P	QL(4 EA daily); MP	<i>digoxin SOLN PO 0.05 MG/ML</i>	P	MP
<i>nifedipine TB24 PO 60 MG</i>	P	QL(2 EA daily); MP	<i>digoxin TABS PO 125 MCG, 250 MCG</i>	P	MP
<i>nifedipine TB24 PO 30 MG, 90 MG</i>	P	QL(1 EA daily); MP	<i>digoxin TABS PO 62.5 MCG</i>	NP	
<i>nimodipine CAPS PO</i>	P	MP	CARDIOVASCULAR AGENTS - MISC. - Drugs to Treat Heart and Circulation Conditions		
<i>nisoldipine PO</i>	NP	MP	Cardiac Myosin Inhibitors		
NORLIQVA SOLN	NP		CAMZYOS	NP	SP
NORVASC TABS PO (<i>Use amlodipine besylate</i>)	NP	QL(1 EA daily); MP			
NORVASC TABS PO (<i>Use amlodipine besylate</i>)	NF				
NYMALIZE SOLN PO 6 MG/ML	NP				
PROCARDIA XL TB24 PO 60 MG (<i>Use nifedipine</i>)	NP	QL(2 EA daily); MP			
PROCARDIA XL TB24 PO 30 MG, 90 MG (<i>Use nifedipine</i>)	NP	QL(1 EA daily); MP			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Cardiovascular Agents Misc. - Combinations			<i>treprostinil SOLN IJ</i>	NP	SP
<i>amlodipine besylate-atorvastatin calcium PO</i>	NP	MP	TYVASO DPI MAINTENANCE KIT POWD	NP	SP
BIDIL PO (<i>Use isosorbide dinitrate-hydralazine hcl</i>)	P		TYVASO DPI TITRATION KIT POWD	NP	SP
CADUET PO 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NP	MP	TYVASO REFILL KIT SOLN IN	NP	SP
CADUET PO 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (<i>Use amlodipine besylate-atorvastatin calcium</i>)	NF	MP	TYVASO STARTER KIT SOLN IN	NP	SP
ENTRESTO TABS PO	P		TYVASO SOLN IN	NP	SP
<i>isosorbide dinitrate-hydralazine hcl PO</i>	P		VELETRI (<i>Use epoprostenol sodium</i>)	NP	SP
Impotence Agents			VENTAVIS IN	NP	SP
CIALIS PO 2.5 MG, 10 MG, 20 MG (<i>Use tadalafil</i>)	NF		Pulmonary Hypertension - Endothelin Receptor Antagonists		
CIALIS PO 5 MG (<i>Use tadalafil</i>)	NP		<i>ambrisentan PO</i>	NP	SP
<i>tadalafil PO 5 MG</i>	NP		<i>bosentan TABS</i>	NP	SP
Prostaglandin Vasodilators			LETAIRIS PO (<i>Use ambrisentan</i>)	P	SP; PA
<i>epoprostenol sodium</i>	P	SP; PA	OPSUMIT	NP	SP
FLOLAN (<i>Use epoprostenol sodium</i>)	P	SP; PA	TRACLEER TABS (<i>Use bosentan</i>)	P	SP; PA
ORENITRAM MONTH 1 TEPK	NP	SP	TRACLEER TBSO	P	SP; PA
ORENITRAM MONTH 2 TEPK	NP	SP	Pulmonary Hypertension - Phosphodiesterase Inhibitors		
ORENITRAM MONTH 3 TEPK	NP	SP	ADCIRCA TABS PO (<i>Use tadalafil (pulmonary hypertension)</i>)	P	SP; PA
ORENITRAM TBCR	NP	SP	LIQREV SUSP	NP	SP
REMODULIN SOLN IJ	NP	SP	REVATIO SOLN (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP
			REVATIO SUSR (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	P	SP; PA
			REVATIO TABS PO (<i>Use sildenafil citrate (pulmonary hypertension)</i>)	NP	SP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>sildenafil citrate (pulmonary hypertension) SOLN</i>	NP	SP	Cephalosporins - 1st Generation		
<i>sildenafil citrate (pulmonary hypertension) SUSR</i>	NP	SP	<i>cefadroxil CAPS PO</i>	P	
<i>sildenafil citrate (pulmonary hypertension) TABS PO</i>	P	SP; PA	<i>cefadroxil SUSR PO</i>	P	
<i>tadalafil (pulmonary hypertension) TABS PO</i>	P	SP; PA	<i>cefadroxil TABS PO</i>	P	
TADLIQ SUSP	NP	SP	CEFAZOLIN IN SODIUM CHLORIDE SOLN	P	
Pulmonary Hypertension - Prostacyclin Receptor Agonist			CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML	P	
UPTRAVI TITRATION TBPK	NP	SP	CEFAZOLIN SODIUM-DEXTROSE SOLR	P	
UPTRAVI SOLR	NP	SP	<i>cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG</i>	P	
UPTRAVI TABS	NP	SP	CEFAZOLIN SODIUM SOLR IJ 100 GM, 300 GM	P	
Pulmonary Hypertension - Sol Guanylate Cyclase Stimulator			CEFAZOLIN SODIUM SOSY IV 1 GM/10ML, 2 GM/20ML	P	
ADEMPAS PO	NP	SP	<i>cephalexin CAPS PO</i>	P	
Sinus Node Inhibitors			<i>cephalexin SUSR PO</i>	P	
CORLANOR SOLN	NP	SP	<i>cephalexin TABS PO</i>	P	
CORLANOR TABS PO (Use ivabradine hcl)	NP		Cephalosporins - 2nd Generation		
Transthyretin Stabilizers			CEFACLOR ER TB12 PO	NP	
VYNDAMAX	NP	SP	<i>cefaclor CAPS PO</i>	P	
VYNDAQEL	NP	SP	<i>cefaclor SUSR PO 125 MG/5ML, 375 MG/5ML</i>	P	
Vasoactive Soluble Guanylate Cyclase Stimulator (sGC)			<i>cefoxitin sodium IV 1 GM, 2 GM</i>	P	
VERQUVO	NP		CEFOXITIN SODIUM-DEXTROSE	P	
VERQUVO	P	PA	<i>cefprozil SUSR PO 250 MG/5ML</i>	P	QL(100 ML per fill retail)
CEPHALOSPORINS - Drugs to Treat Bacterial Infections			<i>cefprozil SUSR PO 125 MG/5ML</i>	P	QL(200 ML per fill retail)
Cephalosporin Combinations			<i>cefprozil TABS PO</i>	NP	QL(20 EA per fill retail)
AVYCAZ	P		<i>cefuroxime axetil TABS PO</i>	P	QL(20 EA per fill retail)
			Cephalosporins - 3rd Generation		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>cefдинир CAPS PO</i>	P	QL(20 EA per fill retail)	BALCOLTRA PO (<i>Use levonorgestrel-ethinyl estradiol-iron</i>)	P	MP
<i>cefдинир SUSR PO</i>	P	QL(100 ML per fill retail)	BEYAZ PO (<i>Use drospirenone-ethinyl estradiol-levomefolate calcium</i>)	P	MP
<i>cefixime CAPS PO</i>	P		<i>desogestrel & ethinyl estradiol PO</i>	P	QL(1 EA daily); MP
<i>cefixime SUSR PO</i>	NP		<i>desogestrel-ethinyl estradiol (biphasic) PO</i>	P	QL(1 EA daily); MP
<i>cefподoxime proxetil SUSR PO</i>	NP		<i>desogestrel-ethinyl estradiol (triphasic) PO</i>	P	QL(1 EA daily); MP
<i>cefподoxime proxetil TABS PO</i>	NP		<i>drospirenone-ethinyl estradiol PO</i>	P	QL(1 EA daily); MP
<i>ceftazidime IJ 1 GM, 6 GM</i>	P		<i>drospirenone-ethinyl estradiol-levomefolate calcium PO</i>	P	MP
CEFTAZIDIME AND DEXTROSE	P		<i>ethynodiol diacet & eth estrad PO 35 MCG-1 MG</i>	P	QL(1 EA daily); MP
<i>ceftriaxone sodium IJ 1 GM, 2 GM, 250 MG, 500 MG</i>	P		<i>ethynodiol diacet & eth estrad PO 50 MCG-1 MG</i>	P	MP
CEFTRIAZONE SODIUM IJ 100 GM	P		GENERESS FE PO (<i>Use norethindrone & ethinyl estradiol-fe</i>)	NF	MP
<i>ceftriaxone sodium in dextrose</i>	P		<i>levonorgestrel & eth estradiol TABS PO</i>	P	QL(1 EA daily); MP
CEFTRIAZONE SODIUM-DEXTROSE	P		<i>levonorgestrel-eth estradiol (triphasic) PO</i>	P	QL(1 EA daily); MP
SUPRAX CAPS PO (<i>Use cefixime</i>)	NF		<i>levonorgestrel-ethinyl estradiol (91-day) PO</i>	P	
SUPRAX CHEW PO	NP		<i>levonorgestrel-ethinyl estradiol (91-day) PO 0.03 MG-0.15 MG</i>	P	QL(1 EA daily)
SUPRAX SUSR PO 200 MG/5ML (<i>Use cefixime</i>)	NP		<i>levonorgestrel-ethinyl estradiol (continuous) PO</i>	P	
Cephalosporins - 4th Generation			<i>levonorgestrel-ethinyl estradiol-iron PO</i>	P	MP
CEFEPIME HCL SOLN	P		LO LOESTRIN FE TABS	P	MP
<i>cefepime hcl SOLR IJ 1 GM</i>	P		LOSEASONIQUE PO (<i>Use levonorgestrel-ethinyl estradiol (91-day)</i>)	P	
CEFEPIME-DEXTROSE	P				
CHEMICALS					
Liquids					
CASTOR OIL	P	RX/OTC			
QC CASTOR OIL	P	RX/OTC			
CONTRACEPTIVES - Drugs to Prevent Pregnancy					
Combination Contraceptives - Oral					

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MINASTRIN 24 FE CHEW PO (Use norethin acet & estrad-fe)	P	MP	SEASONIQUE PO (Use levonorgestrel-ethinyl estradiol (91-day))	P	QL(1 EA daily)
MIRCETTE PO (Use desogestrel-ethinyl estradiol (biphasic))	P	QL(1 EA daily); MP	TAYTULLA CAPS (Use norethin acet & estrad-fe)	P	MP
NATAZIA	P	MP	TYBLUME CHEW	P	
NEXTSTELLIS	P		YASMIN 28 PO (Use drospirenone-ethinyl estradiol)	P	QL(1 EA daily); MP
norethin acet & estrad-fe CAPS	P	MP	YAZ PO (Use drospirenone-ethinyl estradiol)	P	QL(1 EA daily); MP
norethin acet & estrad-fe CHEW PO	P	MP	Combination Contraceptives - Transdermal		
norethin acet & estrad-fe TABS PO 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	P	QL(1 EA daily); MP	norelgestromin-ethinyl estradiol	P	QL(3 EA per 28 day(s) retail; 9 EA per 84 days mail); MP
norethin acet & estrad-fe TABS PO 1 MG-20 MCG-75 MG	P	MP	TWIRLA	P	
norethindrone & eth estradiol PO	P	QL(1 EA daily); MP	Combination Contraceptives - Vaginal		
norethindrone & ethinyl estradiol-fe PO	P	MP	ANNOVERA	P	MP
norethindrone acet & eth estra TABS PO	P	QL(1 EA daily); MP	etonogestrel-ethinyl estradiol	P	MP
norethindrone acetate-ethinyl estradiol-fe PO	P	MP	NUVARING (Use etonogestrel-ethinyl estradiol)	P	MP
norethindrone-eth estradiol (triphasic) PO	P	QL(1 EA daily); MP	Emergency Contraceptives		
norgestimate-ethinyl estradiol PO	P	QL(1 EA daily); MP	ELLA PO	P	QL(3 EA per 63 day(s) retail; 3 EA per 63 days mail); MP
norgestimate-ethinyl estradiol (triphasic) PO	P	QL(1 EA daily); MP	levonorgestrel (emergency oc) PO 1.5 MG	P	QL(3 EA per 30 day(s) retail; 3 EA per 90 days mail); MP
norgestrel & ethinyl estradiol PO 30 MCG-0.3 MG	P	QL(2 EA daily); MP	levonorgestrel (emergency oc) PO 1.5 MG	P	QL(3 EA per 30 day(s) retail; 3 EA per 30 days mail); MP
QUARTETTE PO (Use levonorgestrel-ethinyl estradiol (91-day))	P		PLAN B ONE-STEP PO (Use levonorgestrel (emergency oc))	NF	QL(3 EA per 30 day(s) retail; 3 EA per 30 days mail); MP
SAFYRAL PO (Use drospirenone-ethinyl estradiol-levomefolate calcium)	P	MP	Progestin Contraceptives - Injectable		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPO-PROVERA SUSP IM (Use medroxyprogesterone acetate (contraceptive))	P	QL(1 ML per fill retail)	dexamethasone SOLN PO	P	
DEPO-PROVERA SUSY IM (Use medroxyprogesterone acetate (contraceptive))	P		dexamethasone TABS PO	P	
DEPO-SUBQ PROVERA 104 SUSY SC	P		dexamethasone TBPK PO	P	
medroxyprogesterone acetate (contraceptive) SUSP IM	P	QL(1 ML per fill retail)	dexamethasone TBPK PO	NP	
medroxyprogesterone acetate (contraceptive) SUSY IM	P		EMFLAZA SUSP PO (Use deflazacort)	NP	SP
Progestin Contraceptives - Oral			EMFLAZA TABS PO (Use deflazacort)	NP	SP
norethindrone (contraceptive) PO	P	QL(1 EA daily); MP	HEMADY TABS PO	NP	
OPILL PO	P	QL(1 EA daily); AL(At least 10 yrs old - Up to 55 yrs old); MP	hydrocortisone TABS PO	P	
SLYND PO	P	MP	MEDROL TABS PO	NP	
CORTICOSTEROIDS - Steroid Hormone Drugs to Treat Systemic Swelling Conditions			MEDROL TABS PO (Use methylprednisolone)	NP	
Glucocorticosteroids			MEDROL TBPK PO (Use methylprednisolone)	NP	
AGAMREE	NP	SP	methylprednisolone TABS PO	P	
ALKINDI SPRINKLE CPSP	NP		methylprednisolone TBPK PO	P	
budesonide CPEP PO	NP		PEDIAPRED SOLN PO (Use prednisolone sodium phosphate)	NF	
budesonide TB24 PO	NP		prednisolone sodium phosphate SOLN PO 20 MG/5ML	P	QL(150 ML per fill retail)
CORTEF TABS PO (Use hydrocortisone)	NP		prednisolone sodium phosphate SOLN PO	P	
CORTISONE ACETATE TABS PO	NP		prednisolone sodium phosphate SOLN PO 15 MG/5ML	P	QL(240 ML per fill retail)
deflazacort SUSP PO	NP	SP	prednisolone sodium phosphate TBDP PO	NP	
deflazacort TABS PO	NP	SP	prednisolone SOLN	P	
DEXAMETHASONE INTENSOL CONC	P		prednisolone TABS PO	P	
dexamethasone ELIX PO	P		PREDNISONE INTENSOL CONC	P	
			prednisone SOLN PO	P	
			prednisone TABS PO	P	
			prednisone TBPK PO	P	
			RAYOS TBEC	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TARPEYO CPDR	NP	SP	<i>brompheniramine & pseudoeph ELIX PO</i>	P	QL(120 ML per fill retail)
UCERIS TB24 PO (<i>Use budesonide</i>)	NP		<i>brompheniramine & pseudoeph LIQD PO 15 MG/5ML-1 MG/5ML</i>	P	QL(120 ML per fill retail)
Mineralocorticoids			<i>cetirizine-pseudoephedrine PO</i>	P	QL(2 EA daily)
<i>fludrocortisone acetate TABS PO</i>	P		CLARITIN-D 12 HOUR TB12 PO (<i>Use loratadine & pseudoephedrine</i>)	NF	QL(2 EA daily)
COUGH/COLD/ALLERGY - Drugs to Treat Cough, Cold and Allergy Symptoms			CLARITIN-D 24 HOUR TB24 PO (<i>Use loratadine & pseudoephedrine</i>)	NF	QL(1 EA daily)
Antitussives			COLD & ALLERGY CHILDRENS LIQD PO	P	QL(120 ML per fill retail)
<i>benzonatate PO 100 MG</i>	P	AL(At least 10 yrs old)	CVS COLD & ALLERGY CHILDRENS LIQD PO	P	QL(120 ML per fill retail)
<i>benzonatate PO 200 MG</i>	P	QL(30 EA per 30 day(s) retail); 1 max fill(s) per 30 day(s) retail; AL(At least 10 yrs old)	<i>dextromethorphan-doxylamine-acetaminophen LIQD PO</i>	P	
DELSYM COUGH CHILDRENS SUER PO (<i>Use dextromethorphan polistirex</i>)	NF	QL(240 ML per 7 day(s) retail)	<i>dextromethorphan-guaifenesin LIQD PO 100 MG/5ML-10 MG/5ML, 100 MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML</i>	P	QL(240 ML per fill retail)
DELSYM SUER PO (<i>Use dextromethorphan polistirex</i>)	NF	QL(240 ML per 7 day(s) retail)	<i>dextromethorphan-guaifenesin SYRP PO 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML</i>	P	QL(240 ML per fill retail)
<i>dextromethorphan polistirex SUER PO</i>	P	QL(240 ML per 7 day(s) retail)	<i>dextromethorphan-phenylephrine-acetaminophen CAPS PO</i>	P	
HYCODAN SOLN PO (<i>Use hydrocodone bitartrate-homatropine methylbromide</i>)	NF	AL(At least 18 yrs old)	DIMETAPP CHILDREN COLD/ALLERGY LIQD PO	P	QL(120 ML per fill retail)
<i>hydrocodone bitartrate-homatropine methylbromide SOLN PO</i>	P	AL(At least 18 yrs old)	ED BRON GP LIQD PO	P	QL(240 ML per 7 day(s) retail)
Cough/Cold/Allergy Combinations			<i>guaifenesin-codeine SOLN PO</i>	P	
ADVIL COLD/SINUS TABS PO (<i>Use pseudoephedrine-ibuprofen</i>)	NF				
<i>brompheniramine & phenyleph ELIX PO</i>	P	QL(120 ML per fill retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>guaifenesin-codeine SYRP PO</i>	P		<i>pseudoephedrine-ibuprofen TABS PO</i>	P	
LOHIST-D LIQD PO	P	QL(240 ML per fill retail)	QC DIBROMM CHILDRENS COLD/ALL LIQD PO	P	QL(120 ML per fill retail)
<i>loratadine & pseudoephedrine TB12 PO</i>	P	QL(2 EA daily)	QC TRIACTING DAYTIME CHILDRENS SYRP PO	P	QL(240 ML per fill retail)
<i>loratadine & pseudoephedrine TB24 PO</i>	P	QL(1 EA daily)	ROBITUSSIN COUGH+CHEST CONG DM LIQD PO (<i>Use dextromethorphan-guaifenesin</i>)	NF	
MAXI-TUSS PE MAX LIQD PO	P	QL(240 ML per 7 day(s) retail)	SM COLD & ALLERGY CHILDRENS LIQD PO	P	QL(120 ML per fill retail)
MUCINEX STUFFY NOSE & CHEST LIQD PO (<i>Use phenylephrine-guaifenesin</i>)	NF		TRIAMINIC COLD/COUGH DAY TIME SYRP PO	P	QL(240 ML per fill retail)
NYQUIL HBP COLD & FLU LIQD PO (<i>Use dextromethorphan-doxylamine-acetaminophen</i>)	NF		VICKS NYQUIL COLD & FLU NIGHT LIQD PO (<i>Use dextromethorphan-doxylamine-acetaminophen</i>)	NF	
<i>phenylephrine-dm LIQD PO 2.5 MG/5ML-5 MG/5ML</i>	P	QL(240 ML per fill retail)	VICKS NYQUIL HBP COLD & FLU LIQD PO (<i>Use dextromethorphan-doxylamine-acetaminophen</i>)	NF	
<i>phenylephrine-dm SOLN PO</i>	P	QL(240 ML per fill retail)	WAL-TAP COLD/ALLERGY LIQD PO	P	QL(120 ML per fill retail)
<i>promethazine & phenylephrine SYRP PO</i>	P		ZYRTEC-D ALLERGY & CONGESTION PO (<i>Use cetirizine-pseudoephedrine</i>)	NF	QL(2 EA daily)
<i>promethazine w/codeine SOLN PO</i>	P	QL(240 ML per fill retail); AL(At least 18 yrs old)	ZYRTEC-D ALLERGY & SINUS PO (<i>Use cetirizine-pseudoephedrine</i>)	NF	QL(2 EA daily)
<i>promethazine w/codeine SYRP PO</i>	P	QL(240 ML per fill retail); AL(At least 18 yrs old)	Expectorants		
<i>promethazine-dm SYRP PO</i>	P	QL(240 ML per fill retail)	GERI-TUSSIN SYRP PO	P	QL(240 ML per fill retail)
<i>promethazine-phenylephrine-codeine PO</i>	P	QL(240 ML per fill retail); AL(At least 18 yrs old)	<i>guaifenesin LIQD PO</i>	P	QL(240 ML per fill retail)
<i>pseudoephed-bromphen-dm SYRP PO 10 MG/5ML-30 MG/5ML-2 MG/5ML</i>	P	QL(240 ML per fill retail)	<i>guaifenesin TB12 PO 600 MG</i>	P	QL(40 EA per fill retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MUCINEX MAXIMUM STRENGTH TB12 PO (Use guaifenesin)	NF		AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur)	NF	
MUCINEX TB12 PO (Use guaifenesin)	NF	QL(40 EA per fill retail)	BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	NP	
Misc. Respiratory Inhalants			benzoyl peroxide-erythromycin GEL	P	
sodium chloride (inhalant) NEBU 0.9 %, 3 %	P		CABTREO	NP	
Mucolytics			CLEOCIN-T LOTN (Use clindamycin phosphate (topical))	NP	QL(60 ML per fill retail)
acetylcysteine SOLN	P		CLINDACIN ETZ	NP	
DERMATOLOGICALS - Drugs to Treat Skin Conditions			CLINDACIN PAC	NP	
Acne Products			CLINDAGEL GEL (Use clindamycin phosphate (topical))	NP	QL(75 ML per fill retail)
ABSORICA PO 10 MG, 20 MG, 40 MG (Use isotretinoin)	NP	QL(2 EA daily); AL(At least 12 yrs old)	clindamycin phosphate (topical) FOAM	NP	
ABSORICA PO 25 MG, 30 MG, 35 MG (Use isotretinoin)	NP		clindamycin phosphate (topical) GEL	P	QL(75 GM per fill retail)
ABSORICA LD	NP		clindamycin phosphate (topical) LOTN	P	QL(60 ML per fill retail)
ACANYA GEL (Use clindamycin phosphate-benzoyl peroxide)	NP		clindamycin phosphate (topical) SOLN	P	
ACZONE 7.5 % (Use dapsone (topical))	NF		clindamycin phosphate (topical) SWAB	P	
adapalene-benzoyl peroxide GEL	NP		clindamycin phosphate-benzoyl peroxide (refrigerate)	NP	
ADAPALENE-BENZOYL PEROXIDE PADS	NP		clindamycin phosphate-benzoyl peroxide GEL	NP	
adapalene CREA	NP		clindamycin phosphate-tretinoin	NP	
adapalene GEL 0.3 %	NP		dapsone (topical)	NP	
ALTRENO LOTN	NP		DIFFERIN GEL 0.1 % (Use adapalene)	NF	RX/OTC
ARAZLO LOTN	NP		EPIDUO GEL (Use adapalene-benzoyl peroxide)	NF	
ATRALIN GEL (Use tretinoin)	NP		ERYGEL GEL (Use erythromycin (acne aid))	NP	QL(60 GM per fill retail)
AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur)	NF				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>erythromycin (acne aid) GEL</i>	P	QL(60 GM per fill retail)	<i>sulfacetamide sodium w/ sulfur EMUL 10 %-1 %</i>	NP	
<i>erythromycin (acne aid) PADS</i>	NP		<i>sulfacetamide sodium w/ sulfur FOAM</i>	NP	
<i>erythromycin (acne aid) SOLN</i>	P		<i>sulfacetamide sodium w/ sulfur LIQD</i>	NP	
EVOCLIN FOAM (Use clindamycin phosphate (topical))	NF		<i>sulfacetamide sodium w/ sulfur PADS 10 %-4 %</i>	NP	
FABIOR FOAM	NP		<i>sulfacetamide sodium w/ sulfur SUSP 8 %-4 %</i>	NP	
<i>isotretinoin PO 25 MG, 30 MG, 35 MG</i>	NP		<i>sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %</i>	NP	
<i>isotretinoin PO 10 MG, 20 MG, 40 MG</i>	NP	QL(2 EA daily); AL(At least 12 yrs old)	SULFACETAMIDE-SULFUR IN UREA EMUL	NP	
KLARON (Use sulfacetamide sodium (acne))	NP	QL(120 ML per fill retail)	SUMADAN	NP	
NEUAC	NP		SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur)	NP	
ONEXTON GEL (Use clindamycin phosphate-benzoyl peroxide)	NP		SUMADAN XLT KIT	NP	
RETIN-A MICRO (Use tretinoin microsphere)	NP		SUMAXIN CP	NP	
RETIN-A MICRO PUMP	NP		SUMAXIN PADS	NP	
RETIN-A MICRO PUMP (Use tretinoin microsphere)	NP		TAZAROTENE FOAM	NP	
RETIN-A CREA 0.05 %, 0.1 % (Use tretinoin)	NP	QL(20 GM per 30 day(s) retail); AL(Up to 35 yrs old)	<i>tretinoin microsphere</i>	NP	
RETIN-A CREA 0.025 % (Use tretinoin)	NP	QL(20 GM per fill retail); AL(Up to 35 yrs old)	<i>tretinoin CREA 0.025 %</i>	P	QL(20 GM per fill retail); AL(Up to 35 yrs old)
RETIN-A GEL (Use tretinoin)	NP	QL(45 GM per fill retail); AL(Up to 35 yrs old)	<i>tretinoin CREA 0.05 %, 0.1 %</i>	P	QL(20 GM per 30 day(s) retail); AL(Up to 35 yrs old)
<i>sulfacetamide sodium (acne)</i>	NP	QL(120 ML per fill retail)	<i>tretinoin GEL 0.01 %, 0.025 %</i>	P	QL(45 GM per fill retail); AL(Up to 35 yrs old)
<i>sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %</i>	NP		<i>tretinoin GEL 0.05 %</i>	P	
			WINLEVI	NP	
			ZIANA (Use clindamycin phosphate-tretinoin)	NP	
			ZMA CLEAR SUSP	NP	
			Agents for External Genital and Perianal Warts		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VEREGEN	NP		<i>clotrimazole w/ betamethasone CREA</i>	NP	QL(45 GM per fill retail)
Antibiotics - Topical			<i>clotrimazole w/ betamethasone LOTN</i>	NP	QL(30 ML per fill retail)
CENTANY AT KIT	NP		<i>econazole nitrate CREA</i>	P	QL(30 GM per fill retail)
CENTANY OINT	NP	QL(2160 GM per fill retail)	ERTACZO	NP	
<i>gentamicin sulfate (topical) CREA</i>	P	QL(30 GM per fill retail)	EXTINA FOAM (<i>Use ketoconazole (topical)</i>)	NF	
<i>gentamicin sulfate (topical) OINT</i>	P	QL(30 GM per fill retail)	JUBLIA	NP	
<i>mupirocin calcium (topical)</i>	NP	QL(30 GM per fill retail)	KERYDIN (<i>Use tavaborole</i>)	NF	
<i>mupirocin OINT</i>	P	QL(2160 GM per fill retail)	<i>ketoconazole (topical) CREA</i>	P	QL(60 GM per fill retail)
<i>neomycin-bacitracin-polymyxin OINT</i>	P	QL(454 GM per fill retail)	<i>ketoconazole (topical) FOAM</i>	NP	
<i>neomycin-polymyxin w/ pramoxine</i>	P	QL(28.3 GM per fill retail)	<i>ketoconazole (topical) SHAM 2 %</i>	P	QL(120 ML per fill retail)
NEOSPORIN ORIGINAL OINT (<i>Use neomycin-bacitracin-polymyxin</i>)	NF	QL(454 EA per fill retail)	KETODAN	NP	
NEOSPORIN PLUS PAIN RELIEF MS (<i>Use neomycin-polymyxin w/ pramoxine</i>)	NF	QL(28.3 GM per fill retail)	LOPROX	NP	
NEO-SYNALAR	NP		LOPROX CREA (<i>Use ciclopirox olamine</i>)	NP	
NEO-SYNALAR	NP		LOPROX SHAM (<i>Use ciclopirox</i>)	NF	
XEPI	NP		LOPROX SUSP (<i>Use ciclopirox olamine</i>)	NP	
Antifungals - Topical			LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	P	QL(113 GM per fill retail); RX/OTC
<i>ciclopirox olamine CREA</i>	NP		LOTRIMIN AF JOCK ITCH CREA (<i>Use clotrimazole (topical)</i>)	NF	RX/OTC
<i>ciclopirox olamine SUSP</i>	NP		<i>luliconazole</i>	NP	
<i>ciclopirox GEL</i>	NP		LUZU (<i>Use luliconazole</i>)	NP	
<i>ciclopirox KIT</i>	NP		<i>miconazole-zinc oxide-white petrolatum</i>	NP	
<i>ciclopirox SHAM</i>	NP		MYCOZYL HC LIQD	NP	
<i>ciclopirox SOLN</i>	NP		<i>naftifine hcl CREA</i>	NP	
<i>clotrimazole (topical) CREA</i>	P	QL(113 GM per fill retail); RX/OTC	<i>naftifine hcl GEL 2 %</i>	NP	
<i>clotrimazole (topical) SOLN</i>	NP	QL(60 ML per fill retail); RX/OTC	NAFTIN GEL	NP	

Drug Name	Drug Tier	Requirements/Limits
NAFTIN GEL (Use naftifine hcl)	NP	
nystatin (topical) CREA	P	QL(30 GM per fill retail)
nystatin (topical) OINT	P	QL(30 GM per fill retail)
nystatin (topical) POWD EX	P	QL(60 GM per fill retail)
nystatin-triamcinolone CREA	NP	QL(60 GM per fill retail)
nystatin-triamcinolone OINT	NP	QL(60 GM per fill retail)
oxiconazole nitrate CREA	NP	
OXISTAT CREA (Use oxiconazole nitrate)	NF	
OXISTAT LOTN	NP	
tavaborole	NP	
tolnaftate SOLN	NP	RX/OTC
VUSION (Use miconazole-zinc oxide-white petrolatum)	NP	
Anti-inflammatory Agents - Topical		
diclofenac epolamine PTCH EX	NP	
diclofenac sodium (topical) GEL EX	NP	2 package(s) per 30 day(s) retail; RX/OTC
diclofenac sodium (topical) SOLN EX	NP	
FLECTOR PTCH EX (Use diclofenac epolamine)	NP	
LICART PT24	NP	
PENNSAID SOLN EX 2 % (Use diclofenac sodium (topical))	NP	
VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical))	NF	RX/OTC
Antineoplastic or Premalignant Lesion Agents - Topical		
AMELUZ GEL	NP	

Drug Name	Drug Tier	Requirements/Limits
bexarotene (topical)	NP	SP
CARAC CREA	NP	QL(30 GM per fill retail)
diclofenac sodium (actinic keratoses) EX	NP	
EFUDEX CREA (Use fluorouracil (topical))	NP	QL(40 GM per fill retail)
fluorouracil (topical) CREA 0.5 %	NP	QL(30 GM per fill retail)
fluorouracil (topical) CREA 5 %	NP	QL(40 GM per fill retail)
fluorouracil (topical) SOLN	NP	QL(10 ML per fill retail)
LEVULAN KERASTICK SOLR	P	SP
TARGRETIN (Use bexarotene (topical))	P	SP
VALCHLOR	NP	SP
Antipruritics - Topical		
camphor & menthol LOTN	P	QL(222 ML per fill retail)
doxepin hcl (antipruritic)	NP	
PRUDOXIN (Use doxepin hcl (antipruritic))	NP	
SARNA LOTN (Use camphor & menthol)	NF	QL(222 ML per fill retail)
ZONALON (Use doxepin hcl (antipruritic))	NP	
Antipsoriatics		
acitretin PO	NP	
BIMZELX SOAJ 160 MG/ML	NP	SP
BIMZELX SOSY 160 MG/ML	NP	SP
calcipotriene CREA	P	QL(60 GM per fill retail)
CALCIPOTRIENE FOAM	NP	
calcipotriene OINT	P	
calcipotriene SOLN	P	QL(60 ML per fill retail)
calcitriol (topical)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COSENTYX (300 MG DOSE) SOSY	P	SP; PA	OVACE WASH LIQD (Use sulfacetamide sodium)	NF	QL(480 ML per fill retail)
COSENTYX SENSOREADY (300 MG) SOAJ	P	SP; PA	selenium sulfide LOTN 2.5 %	P	QL(120 ML per fill retail)
COSENTYX SENSOREADY PEN SOAJ	P	SP; PA	selenium sulfide SHAM 2.25 %	NP	
COSENTYX UNOREADY SOAJ	P	SP; PA	SELSUN BLUE DAILY LOTN (Use selenium sulfide)	NF	
COSENTYX SOSY	P	SP; PA	SELSUN BLUE MEDICATED LOTN (Use selenium sulfide)	NF	
DOVONEX CREA (Use calcipotriene)	NF	QL(60 GM per fill retail)	SELSUN BLUE LOTN (Use selenium sulfide)	NF	
ILUMYA	NP	SP	sulfacetamide sodium GEL	NP	
methoxsalen rapid PO	NP		sulfacetamide sodium LIQD	NP	QL(480 GM per fill retail)
SILIQ	NP	SP	ZORYVE	NP	
SKYRIZI PEN SOAJ	NP	SP	Antivirals - Topical		
SKYRIZI SOSY	NP	SP	acyclovir topical CREA	NP	QL(5 GM per fill retail)
SORILUX FOAM	NP		acyclovir topical OINT	NP	QL(30 GM per 30 day(s) retail)
SOTYKTU	NP	SP	DENAVIR (Use penciclovir)	NP	
STELARA SOSY	NP	SP	penciclovir	NP	
TALTZ SOAJ	NP	SP	XERESE	NP	
TALTZ SOSY 80 MG/ML	NP	SP	ZOVIRAX CREA (Use acyclovir topical)	NP	QL(5 GM per fill retail)
tazarotene CREA 0.1 %	NP	QL(60 GM per fill retail)	ZOVIRAX OINT (Use acyclovir topical)	NP	QL(30 GM per 30 day(s) retail)
tazarotene GEL	NP	QL(100 GM per fill retail)	Burn Products		
TREMFYA SOAJ 100 MG/ML	NP	SP	mafenide acetate PACK	P	
TREMFYA SOSY 100 MG/ML	NP	SP	SILVADENE (Use silver sulfadiazine)	NP	QL(1000 GM per fill retail)
VTAMA	NP		silver sulfadiazine	P	QL(1000 GM per fill retail)
ZORYVE 0.3 %	NP		SULFAMYLON CREA	P	
Antiseborrheic Products			SULFAMYLON PACK 5 % (Use mafenide acetate)	NF	
OVACE PLUS WASH GEL (Use sulfacetamide sodium)	NF				
OVACE PLUS WASH LIQD (Use sulfacetamide sodium)	NF	QL(480 ML per fill retail)			

Illinois YouthCare

Updated February 1, 2025

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits
Cauterizing Agents		
<i>silver nitrate SOLN</i>	NP	
Corticosteroids - Topical		
<i>alclometasone dipropionate CREA</i>	P	
<i>alclometasone dipropionate OINT</i>	P	
APEXICON E CREA	NP	QL(60 GM per fill retail)
<i>betamethasone dipropionate (topical) CREA</i>	NP	1 package(s) per fill retail
<i>betamethasone dipropionate (topical) LOTN</i>	NP	
<i>betamethasone dipropionate (topical) OINT</i>	NP	
<i>betamethasone dipropionate augmented CREA</i>	NP	QL(45 GM per fill retail)
<i>betamethasone dipropionate augmented GEL 0.05 %</i>	NP	
<i>betamethasone dipropionate augmented LOTN</i>	NP	
<i>betamethasone dipropionate augmented OINT</i>	NP	
<i>betamethasone valerate CREA</i>	P	QL(45 GM per fill retail)
<i>betamethasone valerate FOAM</i>	NP	
<i>betamethasone valerate LOTN</i>	P	QL(60 ML per fill retail)
<i>betamethasone valerate OINT</i>	P	QL(45 GM per fill retail)
BRYHALI LOTN	NP	
<i>calcipotriene-betamethasone dipropionate OINT</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>calcipotriene-betamethasone dipropionate SUSP</i>	NP	
<i>clobetasol propionate emollient base 0.05 %</i>	P	QL(60 GM per fill retail)
<i>clobetasol propionate emulsion</i>	NP	
<i>clobetasol propionate CREA 0.05 %</i>	P	QL(60 GM per fill retail)
<i>clobetasol propionate FOAM</i>	NP	
<i>clobetasol propionate GEL 0.05 %</i>	P	QL(60 GM per fill retail)
<i>clobetasol propionate LIQD</i>	NP	
<i>clobetasol propionate LOTN</i>	NP	
<i>clobetasol propionate OINT 0.05 %</i>	P	QL(60 GM per fill retail)
<i>clobetasol propionate SHAM</i>	NP	
<i>clobetasol propionate SOLN 0.05 %</i>	P	QL(50 ML per fill retail)
CLOBEX LOTN 0.05 % (Use <i>clobetasol propionate</i>)	NF	
<i>clocortolone pivalate</i>	NP	
CLODAN	NP	
CLODERM (Use <i>clocortolone pivalate</i>)	NP	
DERMA-SMOOTH/FS BODY OIL (Use <i>fluocinolone acetonide</i>)	NP	
DERMA-SMOOTH/FS SCALP OIL (Use <i>fluocinolone acetonide</i>)	NP	
<i>desonide CREA</i>	P	1 package(s) per fill retail
<i>desonide LOTN</i>	NP	
<i>desonide OINT</i>	P	1 package(s) per 30 day(s) retail; 1 package(s) per fill retail

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DESOWEN CREA (Use desonide)	NF	1 package(s) per fill retail	flurandrenolide LOTN	NP	
desoximetasone CREA 0.05 %	NP	QL(300 GM per fill retail)	fluticasone propionate CREA 0.05 %	P	QL(60 GM per fill retail)
desoximetasone CREA 0.25 %	NP	QL(2 GM daily)	fluticasone propionate LOTN	NP	
desoximetasone GEL	NP	QL(2 GM daily)	fluticasone propionate OINT	P	QL(60 GM per fill retail)
desoximetasone LIQD	NP		halcinonide CREA	NP	
desoximetasone OINT 0.25 %	NP	QL(2 GM daily)	halobetasol propionate CREA	P	
desoximetasone OINT 0.05 %	NP		halobetasol propionate FOAM	NP	
diflorasone diacetate CREA	P	QL(60 GM per fill retail)	halobetasol propionate OINT	P	
diflorasone diacetate OINT	P	QL(100 GM per fill retail)	HALOG CREA (Use halcinonide)	NP	
DIPROLENE OINT (Use betamethasone dipropionate augmented)	NP		HALOG OINT	NP	
DUOBRII	NP		HALOG SOLN	NP	
ENSTILAR FOAM	NP		hydrocortisone (topical) CREA 1 %	P	QL(454 GM per fill retail); 1 package(s) per fill retail; RX/OTC
EPIFOAM FOAM	NP		hydrocortisone (topical) CREA 2.5 %	P	QL(454 GM per fill retail)
fluocinolone acetonide CREA	P		hydrocortisone (topical) CREA 1 %	P	QL(454 GM per fill retail); 1 package(s) per fill retail; RX/OTC
fluocinolone acetonide OIL	P		hydrocortisone (topical) CREA 0.5 %	P	
fluocinolone acetonide OINT	P		hydrocortisone (topical) LOTN 2.5 %	P	QL(118 ML per fill retail)
fluocinolone acetonide SOLN	P		hydrocortisone (topical) OINT 1 %, 2.5 %	P	QL(454 GM per fill retail); RX/OTC
fluocinonide emulsified base	P	QL(60 GM per fill retail)	hydrocortisone (topical) SOLN 2.5 %	NP	
fluocinonide CREA 0.05 %	P	QL(60 GM per fill retail)	hydrocortisone butyrate hydrophilic lipo base	NP	
fluocinonide CREA 0.1 %	P		hydrocortisone butyrate CREA	NP	
fluocinonide GEL	P	QL(60 GM per fill retail)			
fluocinonide OINT	P	QL(60 GM per fill retail)			
fluocinonide SOLN	P	QL(60 ML per fill retail)			
flurandrenolide CREA	NP				

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>hydrocortisone butyrate LOTN</i>	NP		SYNALAR CREA (<i>Use fluocinolone acetonide</i>)	NP	
<i>hydrocortisone butyrate OINT</i>	NP		SYNALAR OINT (<i>Use fluocinolone acetonide</i>)	NP	
<i>hydrocortisone butyrate SOLN</i>	NP	QL(60 ML per fill retail)	SYNALAR SOLN (<i>Use fluocinolone acetonide</i>)	NP	
HYDROCORTISONE COMPLETE KIT THPK	NP		TACLONEX OINT (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP	
<i>hydrocortisone valerate CREA</i>	P		TACLONEX SUSP (<i>Use calcipotriene-betamethasone dipropionate</i>)	NP	
<i>hydrocortisone valerate OINT</i>	P		TOPICORT SPRAY LIQD (<i>Use desoximetasone</i>)	NF	
HYDROXYM GEL	NP		TOPICORT CREA 0.25 % (<i>Use desoximetasone</i>)	NP	QL(2 GM daily)
KENALOG AERS (<i>Use triamcinolone acetonide (topical)</i>)	NF		TOPICORT CREA 0.05 % (<i>Use desoximetasone</i>)	NF	QL(300 GM per fill retail)
LEXETTE FOAM (<i>Use halobetasol propionate</i>)	NP		TOPICORT GEL (<i>Use desoximetasone</i>)	NP	QL(2 GM daily)
LEXETTE FOAM (<i>Use halobetasol propionate</i>)	NF		TOPICORT OINT 0.25 % (<i>Use desoximetasone</i>)	NF	QL(2 GM daily)
LOCOID LIPOCREAM	NP		TOPICORT OINT 0.05 % (<i>Use desoximetasone</i>)	NF	
LOCOID LOTN (<i>Use hydrocortisone butyrate</i>)	NP		TOPICORT OINT 0.05 % (<i>Use desoximetasone</i>)	NF	
LUXIQ FOAM (<i>Use betamethasone valerate</i>)	NF		TOVET	NP	
<i>mometasone furoate CREA</i>	P	QL(50 GM per fill retail)	<i>triamcinolone acetonide (topical) AERS</i>	NP	
<i>mometasone furoate OINT</i>	P	QL(45 GM per fill retail)	<i>triamcinolone acetonide (topical) CREA 0.1 %</i>	P	QL(454 GM per fill retail)
<i>mometasone furoate SOLN</i>	P	QL(60 ML per fill retail)	<i>triamcinolone acetonide (topical) CREA 0.025 %</i>	P	QL(908 GM per fill retail)
OLUX-E (<i>Use clobetasol propionate emulsion</i>)	NF		<i>triamcinolone acetonide (topical) CREA 0.5 %</i>	P	QL(15 GM per fill retail)
OLUX FOAM (<i>Use clobetasol propionate</i>)	NF		<i>triamcinolone acetonide (topical) LOTN</i>	P	QL(60 ML per fill retail)
PANDEL	NP		<i>triamcinolone acetonide (topical) OINT 0.05 %</i>	NP	
<i>prednicarbate OINT</i>	NP	QL(60 GM per fill retail)	<i>triamcinolone acetonide (topical) OINT 0.1 %</i>	P	QL(60 GM per fill retail)
RADIAURA CREA	NP				
SYNALAR (CREAM)	NP				
SYNALAR (OINTMENT)	NP				
SYNALAR TS	NP				

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Drug Name	Drug Tier	Requirements/Limits
<i>triamcinolone acetonide (topical) OINT 0.5 %</i>	P	QL(15 GM per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.1 %</i>	P	QL(60 GM per fill retail)
<i>triamcinolone acetonide (topical) OINT 0.025 %</i>	P	QL(454 GM per fill retail)
ULTRAVATE LOTN	NP	
VANOS CREA (Use fluocinonide)	NP	
Eczema Agents		
ADBRY SOSY	NP	SP
CIBINQO	NP	SP
DUPIXENT SOAJ	P	SP
DUPIXENT SOAJ	NP	SP
DUPIXENT SOSY 100 MG/0.67ML	NP	SP
DUPIXENT SOSY	P	SP; PA
OPZELURA	NP	
Emollient/Keratolytic Agents		
<i>urea CREA 39 %, 41 %</i>	P	
<i>urea CREA 40 %</i>	P	QL(200 GM per fill retail); RX/OTC
UREA CREA	P	
<i>urea LOTN 40 %</i>	P	QL(325 GM per fill retail)
Emollients		
<i>lactic acid (ammonium lactate) CREA</i>	NP	QL(385 GM per fill retail); RX/OTC
<i>lactic acid (ammonium lactate) LOTN 12 %</i>	P	QL(1368 GM per fill retail); RX/OTC
Immunomodulating Agents - Topical		
<i>imiquimod 3.75 %</i>	NP	
<i>imiquimod 5 %</i>	P	QL(48 EA per 180 day(s) retail)
ZYCLARA (Use imiquimod)	NP	

Drug Name	Drug Tier	Requirements/Limits
ZYCLARA PUMP	NP	
ZYCLARA PUMP (Use imiquimod)	NP	
Immunosuppressive Agents - Topical		
ELIDEL (Use pimecrolimus)	P	QL(30 GM per 30 day(s) retail); PA
HYFTOR	NP	
<i>pimecrolimus</i>	P	QL(30 GM per 30 day(s) retail); PA
PROTOPIC OINT 0.03 % (Use tacrolimus (topical))	P	QL(30 GM per 30 day(s) retail); PA
PROTOPIC OINT 0.1 % (Use tacrolimus (topical))	NP	QL(30 GM per 30 day(s) retail)
<i>tacrolimus (topical) OINT 0.1 %</i>	P	QL(30 GM per 60 day(s) retail); PA
<i>tacrolimus (topical) OINT</i>	P	QL(30 GM per 30 day(s) retail); PA
Keratolytic/Antimitotic/Vesicant Agents		
BENSAL HP OINT	NP	RX/OTC
COMPOUND W FAST ACTING/CONSEAL GEL (Use salicylic acid)	NF	
CONDYLOX GEL (Use podofilox)	P	
PODOCON-25 SOLN	NP	
<i>podofilox GEL</i>	P	
<i>podofilox SOLN</i>	P	QL(4 ML per fill retail)
SALICATE LIQD	NP	
<i>salicylic acid FOAM</i>	NP	
<i>salicylic acid GEL 6 %</i>	P	
<i>salicylic acid LIQD 27.5 %</i>	P	
SALICYLIC ACID OINT	P	RX/OTC
SALYCIM CREA	NP	
UREA-SALICYLIC ACID CREA	NP	
YCANTH SOLN	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Liniments			CUTTER ALL FAMILY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>menthol-methyl salicylate (liniments) CREA</i>	P		CUTTER BACKWOODS DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
Local Anesthetics - Topical			CUTTER BACKWOODS AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine hcl CREA 4.12 %</i>	NP		CUTTER DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine hcl CREA 3 %</i>	P		CUTTER SKINSATIONS AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine hcl GEL 2.8 %</i>	NP	RX/OTC	CUTTER SPORT AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine hcl PRSY</i>	P	QL(30 ML per fill retail)	CUTTER AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine hcl SOLN</i>	P		CVS INSECT REPELLENT AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine OINT 5 %</i>	P		CVS TOTAL HOME INSECT REPEL AERO	P	QL(170 ML per fill retail; 340 ML per 30 day(s) retail)
<i>lidocaine-prilocaine CREA</i>	NP	QL(30 GM per fill retail)	OFF ACTIVE AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine-prilocaine KIT</i>	NP		OFF DEEP WOODS DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
<i>lidocaine PTCH 5 %</i>	P		OFF DEEP WOODS SPORTSMEN AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)
LIDODERM PTCH (<i>Use lidocaine</i>)	NP				
LIDOTRAL CREA	NP				
LIDOTRAL-MENTHOL LIQD	NP				
LIDOTRAN CREA	NP				
QUTENZA	NP				
QUTENZA (2 PATCH)	NP				
QUTENZA (4 PATCH)	NP				
XYLIDERM	NP				
ZTLIDO PTCH	NP				
Misc. Topical					
COLEMAN 100 MAX CONTINUOUS SPR AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)			
COLEMAN INSECT REPEL HIGH&DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)			
COLEMAN INSECT REPEL SPORTSMEN AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
OFF DEEP WOODS AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	ULTRATHON INSECT REPELLENT LOTN	P	QL(57 GM per fill retail; 114 GM per 30 day(s) retail)
OFF SMOOTH & DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	XERAC AC	NP	
REPEL FAMILY DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	Phosphodiesterase 4 (PDE4) Inhibitors - Topical		
REPEL FAMILY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	EUCRISA	P	PA
REPEL HUNTERS FORMULA AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	Pigmenting-Depigmenting Agents		
REPEL SPORTSMEN DRY AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	<i>hydroquinone CREA 4 %</i>	P	QL(56.8 GM per fill retail)
REPEL SPORTSMEN MAX AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	Rosacea Agents		
REPEL SPORTSMEN MAX LOTN	P	QL(57 GM per fill retail; 114 GM per 30 day(s) retail)	<i>azelaic acid GEL</i>	NP	
REPEL SPORTSMEN AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	<i>brimonidine tartrate (topical)</i>	NP	
SAWYER INSECT REPELLENT AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	<i>doxycycline (rosacea) PO</i>	NP	
SAWYER INSECT REPELLENT LOTN	P	QL(57 ML per fill retail; 114 ML per 30 day(s) retail)	FINACEA FOAM	NP	
ULTRATHON INSECT REPELLENT 8 AERO	P	QL(170 GM per fill retail; 340 GM per 30 day(s) retail)	FINACEA GEL (<i>Use azelaic acid</i>)	NP	
			<i>ivermectin (rosacea)</i>	NP	
			METROLOTION LOTN (<i>Use metronidazole (topical)</i>)	NF	
			<i>metronidazole (topical) CREA</i>	P	QL(45 GM per fill retail)
			<i>metronidazole (topical) GEL 0.75 %</i>	P	QL(45 GM per fill retail)
			<i>metronidazole (topical) GEL 1 %</i>	P	
			<i>metronidazole (topical) LOTN</i>	P	
			NORITATE CREA	NP	
			RHOFADE	NP	
			ROSADAN	NP	
			Scabicides & Pediculicides		
			<i>crotamiton LOTN</i>	NP	QL(454 GM per fill retail)
			ELIMITE CREA (<i>Use permethrin</i>)	NF	
			<i>lindane SHAM</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>malathion</i>	NP	QL(59 ML per fill retail)	DYNAGINATE CA ALGINATE 4"X8" MISC	P	
NATROBA (<i>Use spinosad</i>)	P		DYNAGINATE CA ALGINATE 4-1/4" MISC	P	
OVIDE (<i>Use malathion</i>)	NF	QL(59 ML per fill retail)	DYNAGINATE CAALGINATE ROPE30CM MISC	P	
<i>permethrin CREA</i>	P	QL(60 GM per fill retail)	KENDALL CA ALGINATE 12" ROPE MISC	P	
<i>permethrin LIQD EX</i>	P	2 package(s) per fill retail	KENDALL CA ALGINATE 12"X24" MISC	P	
<i>pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %</i>	P		KENDALL CA ALGINATE 2"X2" MISC	P	
<i>spinosad</i>	NP		KENDALL CA ALGINATE 24" ROPE MISC	P	
Tar Products			KENDALL CA ALGINATE 36" ROPE MISC	P	
<i>coal tar extract SHAM 0.5 %, 1 %</i>	P		KENDALL CA ALGINATE 4"X4" MISC	P	
DHS TAR GEL SHAM (<i>Use coal tar extract</i>)	NF		KENDALL CA ALGINATE 4"X5-1/2" MISC	P	
DHS TAR SHAM (<i>Use coal tar extract</i>)	NF		KENDALL CA ALGINATE 6"X10" MISC	P	
IONIL-T SHAM (<i>Use coal tar extract</i>)	NF		KENDALL CA ALGINATE 8"X4" MISC	P	
Wound Care Products			KENDALL CA ALGINATE PLUS 4"X4" MISC	P	
ALGICELL CALCIUM DRESS 3/4"X12 MISC	P		RESTORE CALCICARE DRESSING MISC	P	
ALGICELL CALCIUM DRESSING 2"X2 MISC	P		RESTORE CALCIUM ALGINATE MISC	P	
ALGICELL CALCIUM DRESSING 4"X4 MISC	P		VYJUVEK	NP	
ALGICELL CALCIUM DRESSING 4"X8 MISC	P		ZENIFIBER 2"X2" MISC	P	
ALGISITE M 2"X2" MISC	P		ZENIFIBER 4"X5" MISC	P	
ALGISITE M 3/4"X12" MISC	P		ZENIFIBER 6"X6" MISC	P	
ALGISITE M 4"X4" MISC	P		ZENIFIBER 8"X8" MISC	P	
ALGISITE M 6"X8" MISC	P		DIAGNOSTIC PRODUCTS		
CARETOUCH 4"X4" DRESSING MISC	P		Diagnostic Tests		
DYNAGINATE CA ALGINATE 2"X2" MISC	P		ACCU-CHEK AVIVA PLUS STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK GUIDE TEST STRP	NP	RX/OTC	BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ACCU-CHEK SMARTVIEW STRP	NP	RX/OTC	BLULINK GLUCOSE TEST STRP	NP	RX/OTC
ACCU-CLEAR PREGNANCY	P		CAREONE BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ACCUTREND GLUCOSE STRP	NP	RX/OTC	CARESENS N GLUCOSE TEST STRP	NP	RX/OTC
ADVANCE INTUITION TEST STRP	NP	RX/OTC	CARETOUCH TEST STRP	NP	RX/OTC
ADVANCE MICRO-DRAW TEST STRP	NP	RX/OTC	CHEMSTRIP K STRP	P	
ADVOCATE REDI-CODE+ TEST STRP	NP	RX/OTC	CLEARBLUE PLUS PREGNANCY	P	
ADVOCATE REDI-CODE STRP	NP	RX/OTC	CLEVER CHEK AUTO-CODE TEST STRP	NP	RX/OTC
ADVOCATE TEST STRP	NP	RX/OTC	CLEVER CHEK AUTO-CODE VOICE STRP	NP	RX/OTC
AGAMATRIX AMP TEST STRP	NP	RX/OTC	CLEVER CHEK TEST STRP	NP	RX/OTC
AGAMATRIX JAZZ TEST STRP	NP	RX/OTC	CLEVER CHOICE AUTO-CODE TEST STRP	NP	RX/OTC
AGAMATRIX KEYNOTE TEST STRP	NP	RX/OTC	CLEVER CHOICE MICRO TEST STRP	NP	RX/OTC
AGAMATRIX PRESTO TEST STRP	NP	RX/OTC	CLEVER CHOICE NO CODING STRP	NP	RX/OTC
ASSURE 3 TEST STRP	NP	RX/OTC	CLEVER CHOICE TALK SYSTEM STRP	NP	RX/OTC
ASSURE 4 TEST STRP	NP	RX/OTC	CLINITEST RAPID COVID-19 TEST KIT	P	
ASSURE II CHECK STRP	NP	RX/OTC	CONTOUR NEXT TEST STRP	NP	RX/OTC
ASSURE II STRP	NP	RX/OTC	CONTOUR TEST STRP	NP	RX/OTC
ASSURE PLATINUM STRP	NP	RX/OTC	COOL BLOOD GLUCOSE TEST STRIPS STRP	NP	RX/OTC
ASSURE PRISM MULTI TEST STRP	NP	RX/OTC	COVID-19 AT-HOME TEST KIT	P	
ASSURE PRO TEST STRP	NP	RX/OTC	COVID-19 OTC ANTIGEN 1-PACK KIT	P	
BINAXNOW COVID-19 AG HOME TEST KIT	P		COVID-19 OTC ANTIGEN 2-PACK KIT	P	
BIOTEL CARE TEST STRIPS STRP	NP	RX/OTC	CVS ADVANCED GLUCOSE TEST STRP	NP	RX/OTC
BLOOD GLUCOSE TEST STRIPS 333 STRP	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CVS GLUCOSE METER TEST STRIPS STRP	NP	RX/OTC	EMBRACE BLOOD GLUCOSE TEST STRP	NP	RX/OTC
D-CARE BLOOD GLUCOSE STRP	NP	RX/OTC	EMBRACE EVO BLOOD GLUCOSE TEST STRP	NP	RX/OTC
DIATHRIVE BLOOD GLUCOSE TEST STRP	NP	RX/OTC	EMBRACE PRO GLUCOSE TEST STRP	NP	RX/OTC
DIATHRIVE GLUCOSE TEST STRP	NP	RX/OTC	EMBRACE TALK GLUCOSE TEST STRP	NP	RX/OTC
DIATHRIVE+ GLUCOSE TEST STRP	NP	RX/OTC	EMBRACE WAVE BLOOD GLUCOSE STRP	NP	RX/OTC
DIATRUE PLUS TEST STRP	NP	RX/OTC	EPT	P	
DUO-CARE TEST STRP	NP	RX/OTC	EQ BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EASY PLUS II GLUCOSE TEST STRP	NP	RX/OTC	EVOLUTION AUTOCODE STRP	NP	RX/OTC
EASY STEP TEST STRP	NP	RX/OTC	FACT PLUS+ PREGNANCY	P	
EASY TALK BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FIFTY50 GLUCOSE TEST 2.0 STRP	NP	RX/OTC
EASY TALK PLUS II TEST STRIPS STRP	NP	RX/OTC	FLOWFLEX COVID-19 AG HOME TEST KIT	P	
EASY TOUCH HEALTHPRO GLUCOSE STRP	NP	RX/OTC	FORA 6 CONNECT/GTEL TEST STRP	NP	RX/OTC
EASY TOUCH TEST STRP	NP	RX/OTC	FORA 6 CONNECT STRP	NP	RX/OTC
EASY TRAK BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FORA BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EASY TRAK II GLUCOSE TEST STRP	NP	RX/OTC	FORA D15G BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EASYGLUCO STRP	NP	RX/OTC	FORA D20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EASYMAX 15 TEST STRP	NP	RX/OTC	FORA D40/G31 BLOOD GLUCOSE STRP	NP	RX/OTC
EASYMAX TEST STRP	NP	RX/OTC	FORA G20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
EASYPRO BLOOD GLUCOSE TEST STRP	NP	RX/OTC	FORA G30/PREM V10 GLUCOSE TEST STRP	NP	RX/OTC
EASYPRO PLUS STRP	NP	RX/OTC	FORA GD20 TEST STRP	NP	RX/OTC
ELEMENT COMPACT TEST STRP	NP	RX/OTC	FORA GD50 BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ELEMENT TEST STRP	NP	RX/OTC	FORA GTEL BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ELLUME COVID-19 HOME TEST KIT	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FORA TN'G ADVANCE PRO STRP	NP	RX/OTC	GLUCOCARD SHINE TEST STRP	NP	RX/OTC
FORA TN'G/TN'G VOICE STRP	NP	RX/OTC	GLUCOCARD VITAL TEST STRP	NP	RX/OTC
FORA V10 BLOOD GLUCOSE TEST STRP	NP	RX/OTC	GLUCOCARD X-SENSOR STRP	NP	RX/OTC
FORA V12 BLOOD GLUCOSE TEST STRP	NP	RX/OTC	GLUCOCOM TEST STRP	NP	RX/OTC
FORA V20 BLOOD GLUCOSE TEST STRP	NP	RX/OTC	GLUCONAVII BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FORA V30A BLOOD GLUCOSE TEST STRP	NP	RX/OTC	GLUCOSE METER TEST STRP	NP	RX/OTC
FORACARE GD40 TEST STRP	NP	RX/OTC	GNP EASY TOUCH GLUCOSE TEST STRP	NP	RX/OTC
FORACARE PREMIUM V10 TEST STRP	NP	RX/OTC	GNP TRUE METRIX GLUCOSE STRIPS STRP	NP	RX/OTC
FORACARE TEST N GO TEST STRP	NP	RX/OTC	GNP TRUETRACK SMART SYSTEM STRP	NP	RX/OTC
FORTISCARE G1 TEST STRIP STRP	NP	RX/OTC	GNP TRUETRACK TEST STRIPS STRP	NP	RX/OTC
FORTISCARE TEST STRP	NP	RX/OTC	GOJJI BLOOD GLUCOSE TEST STRP	NP	RX/OTC
FREESTYLE INSULINX TEST STRP	NP	RX/OTC	GOJJI BLOOD TEST STRIP/LANCETS STRP	NP	RX/OTC
FREESTYLE LITE TEST STRP	NP	RX/OTC	GOODSENSE BLOOD GLUCOSE STRP	NP	RX/OTC
FREESTYLE PRECISION NEO TEST STRP	NP	RX/OTC	HW EMBRACE PRO GLUCOSE TEST STRP	NP	RX/OTC
FREESTYLE TEST STRP	NP	RX/OTC	HW EMBRACE TALK GLUCOSE TEST STRP	NP	RX/OTC
GE100 BLOOD GLUCOSE TEST STRP	NP	RX/OTC	IGLUCOSE TEST STRIPS STRP	NP	RX/OTC
GENULTIMATE TEST STRP	NP	RX/OTC	IHEALTH COVID-19 RAPID TEST KIT	P	
GHT TEST STRP	NP	RX/OTC	IN TOUCH BLOOD GLUCOSE TEST STRP	NP	RX/OTC
GLUCO PERFECT 3 TEST STRP	NP	RX/OTC	INFINITY BLOOD GLUCOSE TEST STRP	NP	RX/OTC
GLUCOCARD 01 SENSOR PLUS STRP	NP	RX/OTC	INFINITY VOICE STRP	NP	RX/OTC
GLUCOCARD EXPRESSION TEST STRP	NP	RX/OTC	INTELISWAB COVID-19 RAPID TEST KIT	P	
			KETONE TEST STRP	P	
			KETOSTIX STRP	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
KROGER BLOOD GLUCOSE TEST STRP	NP	RX/OTC	ONETOUCH ULTRA STRP	P	RX/OTC
KROGER HEALTHPRO GLUCOSE TEST STRP	NP	RX/OTC	ONETOUCH VERIO STRP	P	RX/OTC
KROGER PREMIUM GLUCOSE TEST STRP	NP	RX/OTC	ONETOUCH VERIO STRP	NP	RX/OTC
LIBERTY NEXT GENERATION TEST STRP	NP	RX/OTC	OPTIUMEZ TEST STRP	NP	RX/OTC
LIBERTY TEST STRP	NP	RX/OTC	PHARMACIST CHOICE AUTOCODE STRP	NP	RX/OTC
LUCIRA CHECK IT COVID-19 TEST KIT	P	RX/OTC	PHARMACIST CHOICE NO CODING STRP	NP	RX/OTC
LUCIRA COVID-19 ALL-IN-ONE KIT	P	RX/OTC	PIP BLOOD GLUCOSE TEST STRIP STRP	NP	RX/OTC
MEIJER BLOOD GLUCOSE TEST STRP	NP	RX/OTC	POCKETCHEM EZ TEST STRP	NP	RX/OTC
MEIJER ESSENTIAL GLUCOSE TEST STRP	NP	RX/OTC	PRECISION XTRA BLOOD GLUCOSE STRP	NP	RX/OTC
MEIJER TRUETEST TEST STRP	NP	RX/OTC	<i>pregnancy test</i>	P	
MEIJER TRUETRACK TEST STRP	NP	RX/OTC	PREGNANCY TEST	P	
MICRODOT TEST STRP	NP	RX/OTC	PREMIUM BLOOD GLUCOSE TEST STRP	NP	RX/OTC
MM BLULINK GLUCOSE TEST STRP	P	RX/OTC	PRO VOICE V8/V9 GLUCOSE STRP	NP	RX/OTC
MM EASY TOUCH GLUCOSE STRP	NP	RX/OTC	PRODIGY NO CODING BLOOD GLUC STRP	NP	RX/OTC
MYGLUCOHEALTH TEST STRP	NP	RX/OTC	PTS PANELS EGLU TEST STRP	NP	RX/OTC
NEUTEK 2TEK TEST STRP	NP	RX/OTC	PURALIN ONE-STEP PREGNANCY	P	
NOVA MAX GLUCOSE TEST STRP	NP	RX/OTC	QUICKTEK TEST STRP	NP	RX/OTC
ON CALL EXPRESS BLOOD GLUCOSE STRP	NP	RX/OTC	QUICKVUE AT-HOME COVID-19 TEST KIT	P	
ON/GO COVID-19 ANTIGEN TEST KIT	P		QUINTET AC BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ONE DROP TEST STRP	NP	RX/OTC	QUINTET BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ONETOUCH ULTRA BLUE TEST STRP	P	RX/OTC	REFUAH PLUS BLOOD GLUCOSE TEST STRP	NP	RX/OTC
ONETOUCH ULTRA TEST STRP	P	RX/OTC	RELION BLOOD GLUCOSE TEST STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
RELION CONFIRM/MICRO TEST STRP	NP	RX/OTC
RELION KETONE TEST STRP	P	
RELION PREMIER TEST STRP	NP	RX/OTC
RELION PRIME TEST STRP	NP	RX/OTC
RELION TRUE METRIX TEST STRIPS STRP	NP	RX/OTC
RELION ULTIMA TEST STRP	NP	RX/OTC
REXALL BLOOD GLUCOSE TEST STRP	NP	RX/OTC
RIGHTEST GS100 BLOOD GLUCOSE STRP	NP	RX/OTC
RIGHTEST GS300 BLOOD GLUCOSE STRP	NP	RX/OTC
RIGHTEST GS550 BLOOD GLUCOSE STRP	NP	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE STRP	NP	RX/OTC
RIGHTEST GT333 GLUCOSE TEST STRP	NP	RX/OTC
SMART SENSE PREMIUM TEST STRP	NP	RX/OTC
SMART SENSE VALUE TEST STRP	NP	RX/OTC
SMARTTEST BLOOD GLUCOSE TEST STRP	NP	RX/OTC
SOLUS V2 TEST STRP	NP	RX/OTC
SUPREME TEST STRP	NP	RX/OTC
TGT BLOOD GLUCOSE TEST STRP	NP	RX/OTC
TRUE FOCUS BLOOD GLUCOSE STRIP STRP	NP	RX/OTC
TRUE METRIX BLOOD GLUCOSE TEST STRP	NP	RX/OTC
TRUETEST TEST STRP	NP	RX/OTC
TRUETRACK TEST STRP	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
UNISTRIP1 GENERIC STRP	NP	RX/OTC
VERASENS BLOOD GLUCOSE TEST STRP	NP	RX/OTC
VIVAGUARD INO TEST STRIPS STRP	NP	RX/OTC
DIGESTIVE AIDS - Drugs to Treat Low Digestive Enzymes		
Digestive Enzymes		
CREON CPEP PO	P	
PERTZYE CPEP PO	NP	
VIOKACE TABS	NP	
ZENPEP CPEP PO 105000 UNIT-79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT- 126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT- 5000 UNIT, 252600 UNIT- 189600 UNIT-60000 UNIT, 42000 UNIT-32000 UNIT- 10000 UNIT, 63000 UNIT- 47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT- 20000 UNIT	P	
DIURETICS - Drugs to Treat Heart, Circulation Conditions and Blood Pressure		
Carbonic Anhydrase Inhibitors		
<i>acetazolamide CP12 PO</i>	P	MP
<i>acetazolamide TABS PO</i>	P	MP
<i>dichlorphenamide PO</i>	NP	SP
KEVEYIS PO (<i>Use dichlorphenamide</i>)	NP	SP
<i>methazolamide TABS PO</i>	P	MP
Diuretic Combinations		
ALDACTAZIDE PO (<i>Use spironolactone & hydrochlorothiazide</i>)	NF	MP

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>amiloride & hydrochlorothiazide PO</i>	P	QL(1 EA daily); MP	<i>spironolactone TABS PO 25 MG, 100 MG</i>	P	MP
MAXZIDE-25 TABS PO (Use triamterene & hydrochlorothiazide)	NP	QL(1 EA daily); MP	<i>spironolactone TABS PO 50 MG</i>	P	
MAXZIDE TABS PO (Use triamterene & hydrochlorothiazide)	NP	QL(1 EA daily); MP	<i>triamterene CAPS PO</i>	P	MP
<i>spironolactone & hydrochlorothiazide PO</i>	P	MP	Thiazides and Thiazide-Like Diuretics		
<i>triamterene & hydrochlorothiazide CAPS PO 25 MG-37.5 MG</i>	P	QL(1 EA daily); MP	<i>chlorthalidone PO 25 MG, 50 MG</i>	P	MP
<i>triamterene & hydrochlorothiazide TABS PO</i>	P	QL(1 EA daily); MP	DIURIL SUSP PO	P	MP
Loop Diuretics			<i>hydrochlorothiazide CAPS PO</i>	P	MP
<i>bumetanide TABS PO</i>	P	MP	<i>hydrochlorothiazide TABS PO</i>	P	MP
BUMEX TABS PO 0.5 MG (Use bumetanide)	NP	MP	<i>indapamide TABS PO 1.25 MG, 2.5 MG</i>	P	MP
EDECIN PO (Use ethacrynic acid)	NP	MP	<i>metolazone PO</i>	P	MP
<i>ethacrynic acid PO</i>	P	MP	THALITONE PO	NP	
<i>furosemide SOLN PO 8 MG/ML, 10 MG/ML</i>	P	MP	ENDOCRINE AND METABOLIC AGENTS - MISC. - Drugs to Treat Bone Disease and Regulate Hormones		
<i>furosemide TABS PO</i>	P	MP	Adrenal Steroid Inhibitors		
LASIX TABS PO (Use furosemide)	NP	MP	ISTURISA	NP	SP
<i>toremide TABS PO 20 MG</i>	P	MP	RECORLEV	NP	SP
<i>toremide TABS PO 5 MG, 10 MG, 100 MG</i>	P	QL(1 EA daily); MP	Bone Density Regulators		
Potassium Sparing Diuretics			ACTONEL TABS PO 150 MG (Use risedronate sodium)	NP	MP
ALDACTONE TABS PO (Use spironolactone)	NP	MP	ACTONEL TABS PO 35 MG (Use risedronate sodium)	NP	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); MP
<i>amiloride hcl TABS PO</i>	P	QL(4 EA daily); MP	<i>alendronate sodium SOLN PO</i>	P	QL(10.8 ML daily); MP
CAROSPIR SUSP (Use spironolactone)	NP	MP	<i>alendronate sodium TABS PO 10 MG</i>	P	QL(1 EA daily); MP
<i>spironolactone SUSP</i>	NP	MP	<i>alendronate sodium TABS PO 35 MG, 70 MG</i>	P	QL(0.143 EA daily); MP
			AELVIA TBEC PO (Use risedronate sodium)	NP	MP

Drug Name	Drug Tier	Requirements/Limits
BINOSTO TBEF PO	NP	
<i>calcitonin (salmon) NA</i>	P	QL(4 ML per 30 day(s) retail)
FOSAMAX PLUS D PO	NP	
FOSAMAX TABS PO 70 MG (Use <i>alendronate sodium</i>)	NP	QL(0.143 EA daily); MP
<i>ibandronate sodium TABS PO</i>	NP	MP
<i>risedronate sodium TABS PO 150 MG</i>	NP	MP
<i>risedronate sodium TABS PO 5 MG, 30 MG</i>	NP	QL(1 EA daily); MP
<i>risedronate sodium TABS PO 35 MG</i>	NP	QL(4 EA per 28 day(s) retail; 12 EA per 84 days mail); MP
<i>risedronate sodium TBEC PO</i>	NP	MP
GnRH/LHRH Antagonists		
ORLISSA	P	SP; PA
Growth Hormone Releasing Hormones (GHRH)		
EGRIFTA SV	NP	SP
Growth Hormones		
GENOTROPIN MINIQUICK PRSY	P	SP; PA
GENOTROPIN CART SC	P	SP; PA
HUMATROPE CART IJ	NP	SP
NGENLA	NP	SP
NORDITROPIN FLEXPRO SOPN	NP	SP
NUTROPIN AQ NUSPIN 10 SOPN	NP	SP
NUTROPIN AQ NUSPIN 20 SOPN	NP	SP
NUTROPIN AQ NUSPIN 5 SOPN	NP	SP
OMNITROPE SOCT	NP	SP
OMNITROPE SOLR SC	NP	SP
SAIZEN IJ	NP	SP

Drug Name	Drug Tier	Requirements/Limits
SEROSTIM SC 4 MG, 5 MG, 6 MG	NP	SP
SKYTROFA	NP	SP
SOGROYA	NP	SP
ZOMACTON SOLR SC	NP	SP
Hormone Receptor Modulators		
EVISTA PO (Use <i>raloxifene hcl</i>)	NF	QL(1 EA daily); MP
EVISTA PO (Use <i>raloxifene hcl</i>)	NP	QL(1 EA daily); MP
OSPHENA PO	NP	
<i>raloxifene hcl PO</i>	NP	QL(1 EA daily); MP
Insulin-Like Growth Factors (Somatomedins)		
INCRELEX	NP	SP
LHRH/GnRH Agonist Analog Pituitary Suppressants		
SYNAREL	NP	SP
Metabolic Modifiers		
<i>betaine PO</i>	NP	SP
BUPHENYL POWD PO (Use <i>sodium phenylbutyrate</i>)	NP	SP
BUPHENYL TABS PO (Use <i>sodium phenylbutyrate</i>)	NP	SP
<i>calcitriol CAPS PO</i>	P	
<i>calcitriol SOLN PO</i>	P	
CARBAGLU (Use <i>carglumic acid</i>)	NP	SP
<i>carglumic acid</i>	P	SP; PA
<i>carglumic acid</i>	NP	SP
CARNITOR SF SOLN PO (Use <i>levocarnitine (metabolic modifiers)</i>)	NP	QL(30 ML daily)
CARNITOR SOLN PO 1 GM/10ML (Use <i>levocarnitine (metabolic modifiers)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CARNITOR SOLN PO 1 GM/10ML (Use levocarnitine (metabolic modifiers))	NP	QL(30 ML daily)	RAVICTI PO	NP	SP
CARNITOR TABS PO (Use levocarnitine (metabolic modifiers))	NP	QL(3 EA daily)	RAYALDEE	NP	
<i>cinacalcet hcl PO</i>	NP	SP	ROCALTROL CAPS PO (Use calcitriol)	NP	
CYSTADANE PO (Use betaine)	NP	SP	ROCALTROL SOLN PO (Use calcitriol)	NP	
<i>doxercalciferol CAPS PO</i>	P		<i>sapropterin dihydrochloride PACK</i>	NP	SP
GALAFOLD	NP	SP	<i>sapropterin dihydrochloride TABS</i>	NP	SP
KUVAN PACK (Use sapropterin dihydrochloride)	NP	SP	SENSIPAR PO (Use cinacalcet hcl)	NP	SP
KUVAN TABS (Use sapropterin dihydrochloride)	NP	SP	<i>sodium phenylbutyrate POWD PO</i>	NP	SP
<i>levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML</i>	NP	QL(30 ML daily)	<i>sodium phenylbutyrate TABS PO</i>	NP	SP
<i>levocarnitine (metabolic modifiers) TABS PO</i>	NP	QL(3 EA daily)	ZEMPLAR CAPS PO 1 MCG, 2 MCG (Use paricalcitol)	NP	
<i>nitisinone CAPS PO</i>	P	SP	Mineralocorticoid Receptor Antagonists		
NITYR TABS	NP	SP	KERENDIA PO	P	PA
OLPRUVA (2 GM DOSE) THPK	NP	SP	Posterior Pituitary Hormones		
OLPRUVA (3 GM DOSE) THPK	NP	SP	DDAVP TABS PO (Use desmopressin acetate)	NP	QL(6 EA daily)
OLPRUVA (4 GM DOSE) THPK	NP	SP	<i>desmopressin acetate spray</i>	P	QL(1 ML daily); 1 package(s) per fill retail
OLPRUVA (5 GM DOSE) THPK	NP	SP	<i>desmopressin acetate spray refrigerated 0.01 %</i>	P	QL(1 ML daily); 1 package(s) per fill retail
OLPRUVA (6 GM DOSE) THPK	NP	SP	<i>desmopressin acetate TABS PO</i>	P	QL(6 EA daily)
OLPRUVA (6.67 GM DOSE) THPK	NP	SP	NOCDURNA SUBL	NP	
ORFADIN CAPS PO (Use nitisinone)	P	SP	Progesterone Receptor Antagonists		
ORFADIN SUSP	NP	SP	MIFEPREX (Use mifepristone)	P	
<i>paricalcitol CAPS PO</i>	NP		<i>mifepristone</i>	P	
PHEBURANE PLLT	NP		Prolactin Inhibitors		
			<i>cabergoline PO</i>	P	
			Somatostatic Agents		

Drug Name	Drug Tier	Requirements/Limits
LANREOTIDE ACETATE	NP	SP
MYCAPSSA CPDR	NP	SP
<i>octreotide acetate SOLN</i>	NP	SP
<i>octreotide acetate SOSY</i>	NP	SP
SANDOSTATIN LAR DEPOT KIT	NP	SP
SANDOSTATIN LAR DEPOT KIT (<i>Use octreotide acetate</i>)	NP	SP
SANDOSTATIN SOLN 50 MCG/ML, 100 MCG/ML, 500 MCG/ML (<i>Use octreotide acetate</i>)	NP	SP
SIGNIFOR	NP	SP
SIGNIFOR LAR	NP	SP
SOMATULINE DEPOT	NP	SP
Vasopressin Receptor Antagonists		
JYNARQUE TABS	NP	SP
JYNARQUE TBPK	NP	SP
SAMSCA TABS (<i>Use tolvaptan</i>)	NP	SP
<i>tolvaptan TABS</i>	NP	SP
ESTROGENS - Hormone Replacement/Modifying Drugs		
Estrogen Combinations		
ACTIVELLA TABS PO 1 MG-0.5 MG (<i>Use estradiol & norethindrone acetate</i>)	NP	QL(1 EA daily)
ANGELIQ	NP	
BIJUVA	NP	
CLIMARA PRO	NP	
COMBIPATCH PTTW	P	QL(0.29 EA daily)
DUAVEE	NP	
<i>esterified estrogens & methyltestosterone PO</i>	P	
<i>estradiol & norethindrone acetate TABS PO</i>	P	QL(1 EA daily)
MYFEMBREE	P	PA

Drug Name	Drug Tier	Requirements/Limits
<i>norethindrone acetate-ethinyl estradiol PO</i>	NP	
ORIAHNN	P	PA
PREFEST PO	NP	
PREMPHASE PO	P	QL(1 EA daily)
PREMPRO PO	P	QL(1 EA daily)
Estrogens		
CLIMARA PTWK 0.025 MG/24HR (<i>Use estradiol</i>)	NP	
CLIMARA PTWK 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>Use estradiol</i>)	NP	QL(0.143 EA daily)
DELESTROGEN (<i>Use estradiol valerate</i>)	NP	
DEPO-ESTRADIOL	NP	
DIVIGEL GEL (<i>Use estradiol</i>)	NP	
ELESTRIN GEL	NP	
ESTRACE TABS PO (<i>Use estradiol</i>)	NP	
<i>estradiol valerate</i>	NP	
<i>estradiol GEL</i>	NP	
<i>estradiol PTTW</i>	P	QL(0.29 EA daily)
<i>estradiol PTWK 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR</i>	P	QL(0.143 EA daily)
<i>estradiol PTWK 0.025 MG/24HR</i>	P	
<i>estradiol TABS PO</i>	P	
EVAMIST SOLN	NP	
MENEST PO	P	
MENOSTAR PTWK	NP	
MINIVELLE PTTW (<i>Use estradiol</i>)	NP	QL(0.29 EA daily)
PREMARIN TABS PO	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
VIVELLE-DOT PTTW 0.025 MG/24HR, 0.0375 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol)	NF	
VIVELLE-DOT PTTW (Use estradiol)	NP	QL(0.29 EA daily)
VIVELLE-DOT PTTW (Use estradiol)	NF	QL(0.29 EA daily)
FLUOROQUINOLONES - Drugs to Treat Bacterial Infections		
Fluoroquinolones		
BAXDELA TABS	NP	
<i>ciprofloxacin hcl TABS PO 100 MG</i>	P	QL(6 EA per fill retail)
<i>ciprofloxacin hcl TABS PO 250 MG, 500 MG, 750 MG</i>	P	
<i>ciprofloxacin in d5w</i>	P	
<i>ciprofloxacin SUSR PO</i>	P	
CIPRO SUSR PO	NP	
CIPRO TABS PO 250 MG, 500 MG (Use <i>ciprofloxacin hcl</i>)	NP	
<i>levofloxacin in d5w</i>	P	
<i>levofloxacin SOLN IV</i>	P	
<i>levofloxacin SOLN PO</i>	P	
<i>levofloxacin TABS PO</i>	P	QL(1 EA daily)
<i>moxifloxacin hcl TABS PO</i>	P	
<i>ofloxacin PO 300 MG</i>	NP	
<i>ofloxacin PO 400 MG</i>	NP	QL(56 EA per fill retail)
GASTROINTESTINAL AGENTS - MISC. - Miscellaneous Gastrointestinal Drugs		
5-HT4 Receptor Agonists		
MOTEGRITY PO (Use <i>prucalopride succinate</i>)	NP	
Agents for Chronic Idiopathic Constipation (CIC)		
TRULANCE PO	NP	

Drug Name	Drug Tier	Requirements/Limits
Antiflatulents		
GAS-X EXTRA STRENGTH CHEW PO (Use <i>simethicone</i>)	NF	
MYLICON INFANTS GAS RELIEF SUSP PO (Use <i>simethicone</i>)	NF	
<i>simethicone CHEW PO 80 MG</i>	P	
<i>simethicone LIQD PO</i>	P	
<i>simethicone SUSP PO</i>	P	
Bile Acid Synthesis Disorder Agents		
CHOLBAM	NP	QL(5 EA daily); SP
Farnesoid X Receptor (FXR) Agonists		
OCALIVA	NP	SP
Gallstone Solubilizing Agents		
CHENODAL PO	NP	SP
RELTONE CAPS PO	NP	
URSO 250 TABS PO (Use <i>ursodiol</i>)	NP	QL(7 EA daily)
URSO FORTE TABS PO (Use <i>ursodiol</i>)	NP	
<i>ursodiol CAPS PO</i>	P	QL(3 EA daily)
<i>ursodiol TABS PO 500 MG</i>	NP	
<i>ursodiol TABS PO 250 MG</i>	NP	QL(7 EA daily)
Gastrointestinal Antiallergy Agents		
<i>cromolyn sodium (mastocytosis) PO</i>	P	
GASTROCROM PO (Use <i>cromolyn sodium (mastocytosis)</i>)	NP	
Gastrointestinal Chloride Channel Activators		
AMITIZA PO (Use <i>lubiprostone</i>)	NF	
AMITIZA PO (Use <i>lubiprostone</i>)	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>lubiprostone PO</i>	NP		LIALDA TBEC PO (<i>Use mesalamine</i>)	NF	
Gastrointestinal Stimulants			LIALDA TBEC PO (<i>Use mesalamine</i>)	NP	
<i>metoclopramide hcl SOLN PO 5 MG/5ML, 10 MG/10ML</i>	P		<i>mesalamine w/ cleanser PR</i>	NP	
<i>metoclopramide hcl TABS PO</i>	P		<i>mesalamine CP24</i>	NP	
REGLAN TABS PO (<i>Use metoclopramide hcl</i>)	NP		<i>mesalamine CPCR PO</i>	P	
Inflammatory Bowel Agents			<i>mesalamine CPDR PO</i>	NP	
APRISO CP24 (<i>Use mesalamine</i>)	NP		<i>mesalamine ENEM PR</i>	P	QL(60 ML daily)
ASACOL HD TBEC PO (<i>Use mesalamine</i>)	NF	QL(3 EA daily)	<i>mesalamine SUPP PR</i>	P	
AVSOLA	NP	SP	<i>mesalamine TBEC PO 1.2 GM</i>	NP	
AZULFIDINE EN-TABS TBEC PO (<i>Use sulfasalazine</i>)	NP		<i>mesalamine TBEC PO 800 MG</i>	NP	QL(3 EA daily)
AZULFIDINE TABS PO (<i>Use sulfasalazine</i>)	NP		OMVOH SOAJ	NP	SP
AZULFIDINE TABS PO (<i>Use sulfasalazine</i>)	NF		OMVOH SOLN	NP	SP
<i>balsalazide disodium CAPS PO</i>	P	QL(9 EA daily)	PENTASA CPCR PO (<i>Use mesalamine</i>)	P	
CANASA SUPP PR (<i>Use mesalamine</i>)	NP		PENTASA CPCR PO	P	
CIMZIA (2 SYRINGE) PSKT	P	SP; PA	REMICADE	NP	SP
CIMZIA KIT	NP	SP	RENFLEXIS	NP	SP
CIMZIA-STARTER PSKT	P	SP; PA	ROWASA PR (<i>Use mesalamine w/ cleanser</i>)	NP	
COLAZAL CAPS PO (<i>Use balsalazide disodium</i>)	NP	QL(9 EA daily)	SFROWASA ENEM PR	P	
DELZICOL CPDR PO (<i>Use mesalamine</i>)	NP		SKYRIZI SOCT	NP	SP
DIPENTUM PO	NP		SKYRIZI SOLN	NP	SP
ENTYVIO PEN SOAJ	NP	SP	STELARA 130 MG/26ML	NP	SP
ENTYVIO SOLR	NP	SP	<i>sulfasalazine TABS PO</i>	P	
INFLECTRA SOLR	NP	SP	<i>sulfasalazine TBEC PO</i>	P	
INFLIXIMAB	NP	SP	Intestinal Acidifiers		
			<i>lactulose (encephalopathy) PO</i>	P	
			Irritable Bowel Syndrome (IBS) Agents		
			<i>alose tron hcl PO</i>	NP	
			IBSRELA	NP	
			LINZESS	NP	

Drug Name	Drug Tier	Requirements/Limits
LOTRONEX PO (<i>Use alosetron hcl</i>)	NP	
VIBERZI	NP	
Peripheral Opioid Receptor Antagonists		
<i>alvimopan PO</i>	NP	
ENTEREG PO (<i>Use alvimopan</i>)	NP	
MOVANTIK PO	NP	
RELISTOR SOLN	NP	
RELISTOR TABS	NP	
SYMPROIC PO	NP	
Phosphate Binder Agents		
AURYXIA	NP	
<i>calcium acetate (phosphate binder) CAPS PO</i>	P	
<i>calcium acetate (phosphate binder) TABS PO</i>	P	RX/OTC
FOSRENOL CHEW PO (<i>Use lanthanum carbonate</i>)	NP	
FOSRENOL PACK	P	
<i>lanthanum carbonate CHEW PO</i>	P	
PHOSLYRA SOLN	NP	
RENAGEL PO (<i>Use sevelamer hcl</i>)	NF	
RENVELA PACK (<i>Use sevelamer carbonate</i>)	NP	
RENVELA TABS PO (<i>Use sevelamer carbonate</i>)	NP	
<i>sevelamer carbonate PACK</i>	NP	
<i>sevelamer carbonate TABS PO</i>	P	
<i>sevelamer hcl PO</i>	P	
VELPHORO	NP	
Short Bowel Syndrome (SBS) Agents		

Drug Name	Drug Tier	Requirements/Limits
GATTEX	NP	SP
GENITOURINARY AGENTS - MISCELLANEOUS - Miscellaneous Drugs to Treat Reproductive Organs and Urinary System		
Acidifiers		
K-PHOS NO 2 PO	NP	
Alkalinizers		
ORACIT PO	P	
<i>pot & sod citrates w/citric ac SOLN PO</i>	NP	
<i>potassium citrate (alkalinizer) TBCR PO</i>	NP	
<i>potassium citrate-citric acid PACK PO</i>	NP	
<i>potassium citrate-citric acid SOLN PO</i>	NP	RX/OTC
<i>sodium citrate & citric acid PO</i>	P	QL(500 ML per 30 day(s) retail); RX/OTC
<i>sodium citrate & citric acid PO</i>	P	RX/OTC
UROCIT-K 10 TBCR PO (<i>Use potassium citrate (alkalinizer)</i>)	NP	
UROCIT-K 15 TBCR PO (<i>Use potassium citrate (alkalinizer)</i>)	NP	
UROCIT-K 5 TBCR PO (<i>Use potassium citrate (alkalinizer)</i>)	NP	
Cystinosis Agents		
CYSTAGON CAPS PO	P	SP
PROCYSBI CPDR PO	NP	SP
PROCYSBI PACK	NP	SP
Genitourinary Irrigants		
<i>sodium chloride (gu irrigant) 0.9 %</i>	P	
Interstitial Cystitis Agents		

Drug Name	Drug Tier	Requirements/Limits
ELMIRON CAPS PO	NP	QL(3 EA daily)
Prostatic Hypertrophy Agents		
<i>alfuzosin hcl PO</i>	P	MP
AVODART PO (<i>Use dutasteride</i>)	NF	MP
AVODART PO (<i>Use dutasteride</i>)	NP	MP
CARDURA XL	NP	
<i>dutasteride PO</i>	NP	MP
<i>dutasteride-tamsulosin hcl PO</i>	NP	MP
ENTADFI	NP	
<i>finasteride PO</i>	P	QL(1 EA daily); MP
FLOMAX PO (<i>Use tamsulosin hcl</i>)	NP	QL(2 EA daily); MP
JALYN PO (<i>Use dutasteride-tamsulosin hcl</i>)	NP	MP
PROSCAR PO (<i>Use finasteride</i>)	NP	QL(1 EA daily); MP
RAPAFLO PO (<i>Use silodosin</i>)	NP	MP
<i>silodosin PO</i>	NP	MP
<i>tamsulosin hcl PO</i>	P	QL(2 EA daily); MP
Urinary Analgesics		
<i>phenazopyridine hcl TABS PO 100 MG, 200 MG</i>	P	
PYRIDIDIUM TABS PO (<i>Use phenazopyridine hcl</i>)	NP	
Urinary Stone Agents		
LITHOSTAT	NP	
THIOLA EC TBEC (<i>Use tiopronin</i>)	NP	SP
THIOLA TABS (<i>Use tiopronin</i>)	NP	SP
<i>tiopronin TABS</i>	NP	SP
GOUT AGENTS - Drugs to Treat Gout		

Drug Name	Drug Tier	Requirements/Limits
Gout Agent Combinations		
<i>colchicine w/ probenecid PO</i>	P	MP
Gout Agents		
<i>allopurinol PO 100 MG, 300 MG</i>	P	MP
<i>allopurinol PO 200 MG</i>	P	
<i>colchicine CAPS</i>	NP	MP
<i>colchicine TABS PO</i>	NP	QL(6 EA per fill retail); MP
COLCRYS TABS PO (<i>Use colchicine</i>)	NP	QL(6 EA per fill retail); MP
<i>febuxostat</i>	NP	MP
MITIGARE CAPS (<i>Use colchicine</i>)	NP	MP
ULORIC (<i>Use febuxostat</i>)	NP	MP
ZYLOPRIM PO (<i>Use allopurinol</i>)	NF	MP
Uricosurics		
<i>probenecid PO</i>	P	MP
HEMATOLOGICAL AGENTS - MISC. - Drugs to Treat Blood Disorders		
Antihemophilic Products		
ADVATE	P	SP; PA
ADYNOVATE	P	SP; PA
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	P	SP; PA
ALPHANATE SOLR	P	SP; PA
ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	P	SP; PA
ALPROLIX	P	SP; PA
BENEFIX KIT	P	SP; PA
COAGADEX	P	SP; PA
CORIFACT	P	SP; PA
ELOCTATE	P	SP; PA

Drug Name	Drug Tier	Requirements/Limits
ESPEROCT	P	SP; PA
FEIBA	P	SP; PA
HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML, 300 MG/2ML	P	SP; PA
HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	P	SP; PA
HUMATE-P SOLR	P	SP; PA
IDELVION	P	SP; PA
IXINITY SOLR	P	SP; PA
JIVI	P	SP; PA
KOATE-DVI SOLR 1000 UNIT	P	SP; PA
KOATE SOLR	P	SP; PA
KOGENATE FS KIT	P	SP; PA
KOVALTRY	P	SP; PA
NOVOEIGHT	P	SP; PA
NOVOSEVEN RT	P	SP; PA
NUWIQ KIT	P	SP; PA
NUWIQ SOLR	P	SP; PA
OBIZUR	P	SP; PA
PROFILNINE	P	SP; PA
REBINYN	P	SP; PA
RECOMBINATE SOLR	P	SP; PA
RIXUBIS SOLR	P	SP; PA
SEVENFACT	P	SP; PA
TRETTEN	P	SP; PA
VONVENDI	P	SP; PA
WILATE KIT	P	SP; PA
XYNTHA	P	SP; PA
XYNTHA SOLOFUSE	P	SP; PA
Bradykinin B2 Receptor Antagonists		
FIRAZYR SOSY (Use <i>icatibant acetate</i>)	NP	SP
<i>icatibant acetate</i> SOSY	NP	SP
Complement Inhibitors		

Drug Name	Drug Tier	Requirements/Limits
BERINERT KIT	P	SP; PA
EMPAVELI	NP	SP
ENJAYMO	NP	SP
FABHALTA	NP	SP
HAEGARDA SOLR SC	NP	SP
SOLIRIS	NP	SP
TAVNEOS	NP	SP
ULTOMIRIS	NP	SP
VEOPOZ	NP	SP
ZILBRYSQ	NP	SP
Hemataologic - Tyrosine Kinase Inhibitors		
TAVALISSE	NP	SP
Hematological Enzymes - Misc		
ADZYNMA	NP	SP
Hematorheologic Agents		
<i>pentoxifylline PO</i>	P	
Plasma Kallikrein Inhibitors		
KALBITOR	NP	SP
ORLADEYO	NP	SP
TAKHZYRO SOLN	NP	SP
TAKHZYRO SOSY	NP	SP
Platelet Aggregation Inhibitors		
AGRYLIN PO 0.5 MG (Use <i>anagrelide hcl</i>)	NP	
<i>anagrelide hcl</i> PO	P	
<i>aspirin-dipyridamole PO</i>	P	
BRILINTA PO	P	QL(2 EA daily)
<i>cilostazol PO</i>	NP	QL(2 EA daily)
<i>clopidogrel bisulfate PO 300 MG</i>	P	
<i>clopidogrel bisulfate PO 75 MG</i>	P	QL(1 EA daily)
<i>dipyridamole PO</i>	P	MP
EFFIENT PO (Use <i>prasugrel hcl</i>)	NP	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits
PLAVIX PO 75 MG (<i>Use clopidogrel bisulfate</i>)	NP	QL(1 EA daily)
<i>prasugrel hcl PO</i>	NP	QL(1 EA daily)
HEMATOPOIETIC AGENTS - Drugs to Treat Blood Disorders		
Agents for Sickle Cell Disease		
ADAKVEO	NP	SP
DROXIA CAPS	P	
ENDARI (<i>Use glutamine (sickle cell)</i>)	P	SP
<i>glutamine (sickle cell)</i>	NP	SP
OXBRYTA TABS	NP	
OXBRYTA TBSO	NP	
SIKLOS TABS	NP	
Cobalamins		
<i>cyanocobalamin SOLN IJ 1000 MCG/ML</i>	P	
NASCOBAL SOLN NA (<i>Use cyanocobalamin</i>)	NF	
Folic Acid/Folates		
<i>folic acid TABS PO 400 MCG, 800 MCG</i>	P	QL(1 EA daily)
<i>folic acid TABS PO 1 MG</i>	P	RX/OTC
Hematopoietic Growth Factors		
ARANESP (ALBUMIN FREE) SOLN	NP	SP
ARANESP (ALBUMIN FREE) SOSY	NP	SP
DOPTELET	NP	SP
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	P	SP; PA
FULPHILA	NP	SP
FYLNETRA	NP	SP
GRANIX SOLN	NP	SP
GRANIX SOSY	NP	SP
JESDUVROQ	NP	

Drug Name	Drug Tier	Requirements/Limits
LEUKINE SOLR IJ	P	SP
MIRCERA	NP	SP
MULPLETA	NP	SP
NEULASTA ONPRO PSKT	NP	SP
NEULASTA SOSY	NP	SP
NEUPOGEN SOLN	P	SP
NEUPOGEN SOSY	P	SP
NIVESTYM SOLN	NP	SP
NIVESTYM SOSY	NP	SP
NPLATE	NP	SP
NYVEPRIA	NP	SP
PROCRIT	P	SP; PA
PROCRIT	P	SP; PA
PROMACTA PACK	NP	SP
PROMACTA TABS PO	NP	SP
REBLOZYL	NP	SP
RELEUKO SOLN	NP	SP
RELEUKO SOSY	NP	SP
RETACRIT	NP	SP
ROLVEDON	NP	SP
STIMUFEND	NP	SP
UDENYCA ONBODY SOSY	NP	SP
UDENYCA SOAJ	NP	SP
UDENYCA SOSY	NP	SP
ZARXIO	NP	SP
ZIEXTENZO	NP	SP
Iron		
FEOSOL TABS PO (<i>Use ferrous sulfate dried</i>)	NF	
FER-IN-SOL SOLN PO (<i>Use ferrous sulfate</i>)	NF	QL(10 ML daily)
FERRETT'S TABS PO	P	QL(2 EA daily)
<i>ferrous fumarate TABS PO</i>	P	QL(2 EA daily)
<i>ferrous sulfate dried TABS PO</i>	P	

Illinois YouthCare

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P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>ferrous sulfate SOLN PO 220 MG/5ML, 300 MG/6.8ML</i>	P	QL(16 ML daily)	UNISOM SLEEPTABS PO (Use <i>doxylamine succinate (sleep)</i>)	NF	
<i>ferrous sulfate SOLN PO 15 MG/ML, 15 MG/ML</i>	P	QL(10 ML daily)	Barbiturate Hypnotics		
<i>ferrous sulfate TABS PO 325 MG, 65 MG, 325 MG</i>	P		<i>phenobarbital ELIX PO</i>	P	
<i>ferrous sulfate TBEC PO 325 MG</i>	P		<i>phenobarbital TABS PO</i>	P	
FERROUS SULFATE TBEC PO (Use <i>ferrous sulfate</i>)	NF		Hypnotics - Tricyclic Agents		
<i>polysaccharide iron complex CAPS PO</i>	P	QL(1 EA daily)	<i>doxepin hcl (sleep) PO</i>	NP	
HEMOSTATICS - Drugs to Stop Bleeding/Treat Blood Disorders			Non-Barbiturate Hypnotics		
Hemostatics - Systemic			AMBIEN CR TBCR PO (Use <i>zolpidem tartrate</i>)	NP	
AMICAR TABS PO 500 MG (Use <i>aminocaproic acid</i>)	NF	QL(24 EA per fill retail); SP	AMBIEN TABS PO (Use <i>zolpidem tartrate</i>)	NP	QL(1 EA daily)
<i>aminocaproic acid TABS PO 500 MG</i>	P	QL(24 EA per fill retail); SP	DORAL PO (Use <i>quazepam</i>)	NP	
<i>tranexamic acid TABS PO</i>	P	QL(30 EA per 5 day(s) retail); 2 max fill(s) per 30 day(s) retail; AL(At least 12 yrs old)	EDLUAR SUBL	NP	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS			<i>estazolam PO</i>	P	
Antihistamine Hypnotics			<i>eszopiclone PO</i>	NP	
<i>diphenhydramine hcl (sleep) CAPS PO 50 MG</i>	P		<i>flurazepam hcl PO</i>	NP	QL(1 EA daily)
<i>diphenhydramine hcl (sleep) TABS PO 25 MG</i>	P	QL(1 EA daily)	HALCION PO 0.25 MG (Use <i>triazolam</i>)	NP	QL(1 EA daily)
<i>doxylamine succinate (sleep) PO</i>	P		LUNESTA PO (Use <i>eszopiclone</i>)	NP	
UNISOM SLEEPGELS CAPS PO (Use <i>diphenhydramine hcl (sleep)</i>)	NF		LUNESTA PO (Use <i>eszopiclone</i>)	NF	
			LUNESTA PO (Use <i>eszopiclone</i>)	NF	
			<i>midazolam hcl SYRP PO</i>	NP	
			<i>quazepam PO</i>	P	
			RESTORIL PO 15 MG, 30 MG (Use <i>temazepam</i>)	NP	QL(1 EA daily)
			RESTORIL PO 7.5 MG, 22.5 MG (Use <i>temazepam</i>)	NP	
			<i>temazepam PO 15 MG, 30 MG</i>	P	QL(1 EA daily)
			<i>temazepam PO 7.5 MG, 22.5 MG</i>	P	
			<i>triazolam PO</i>	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>zaleplon PO</i>	NP	QL(1 EA daily)	GOLYTELY SOLR PO (Use <i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfat</i>)	NF	QL(4000 ML per fill retail)
ZOLPIDEM TARTRATE CAPS	NP		<i>peg 3350-kcl-sod bicarb-sod chloride-sod sulfat SOLR PO</i>	P	QL(4000 ML per fill retail)
<i>zolpidem tartrate SUBL</i>	NP		<i>peg 3350-potassium chloride-sod bicarbonate-sod chloride PO</i>	P	QL(4000 ML per fill retail)
<i>zolpidem tartrate TABS PO</i>	P	QL(1 EA daily)	<i>sennosides-docusate sodium TABS PO</i>	P	QL(4 EA daily)
<i>zolpidem tartrate TBCR PO</i>	NP		SEKOKOT S TABS PO (Use <i>sennosides-docusate sodium</i>)	NF	QL(4 EA daily)
Orexin Receptor Antagonists			Laxatives - Miscellaneous		
BELSOMRA	NP		GLYCERIN (ADULT) SUPP PR (Use <i>glycerin (laxative)</i>)	NF	
DAYVIGO	NP		<i>glycerin (laxative) SUPP PR 2 GM, 2.1 GM, 80.7 %</i>	P	
QUVIVIQ	NP		<i>lactulose SOLN PO</i>	P	
Selective Melatonin Receptor Agonists			MIRALAX MIX-IN PAX PACK PO (Use <i>polyethylene glycol 3350</i>)	NF	
HETLIOZ LQ SUSP	NP	SP	MIRALAX PACK PO (Use <i>polyethylene glycol 3350</i>)	NF	
HETLIOZ CAPS (Use <i>tasimelton</i>)	NP	SP	MIRALAX POWD PO (Use <i>polyethylene glycol 3350</i>)	NF	QL(34 GM daily)
<i>ramelton PO</i>	NP		<i>polyethylene glycol 3350 PACK PO</i>	P	
ROZEREM PO (Use <i>ramelton</i>)	NP		<i>polyethylene glycol 3350 POWD PO</i>	P	QL(34 GM daily)
<i>tasimelton CAPS</i>	NP	SP	Lubricant Laxatives		
LAXATIVES - Bowel Treatment Drugs			FLEET OIL ENEM PR (Use <i>mineral oil</i>)	NF	
Bulk Laxatives			<i>mineral oil ENEM PR</i>	P	
<i>calcium polycarbophil TABS PO</i>	P	QL(10 EA daily)	Saline Laxatives		
METAMUCIL FREE & NATURAL POWD PO (Use <i>psyllium</i>)	NF		FLEET ENEMA ENEM PR (Use <i>sodium phosphates</i>)	NF	
METAMUCIL POWD PO (Use <i>psyllium</i>)	NF				
NATURAL FIBER LAXATIVE POWD PO	P				
<i>psyllium CAPS PO 0.52 GM, 400 MG</i>	P				
<i>psyllium POWD PO 25 %, 28.3 %, 43 %, 48.57 %, 49 %, 51.7 %, 58.6 %</i>	P				
REGULOID POWD PO	P				
Laxative Combinations					

Drug Name	Drug Tier	Requirements/Limits
FLEET PEDIATRIC ENEM PR (Use sodium phosphates)	NF	
FLEET SALINE ENEMA ENEM PR (Use sodium phosphates)	NF	
magnesium citrate PO 1.745 GM/30ML	P	
magnesium hydroxide SUSP PO 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML	P	
sodium phosphates ENEM PR	P	
Stimulant Laxatives		
bisacodyl SUPP PR	P	QL(12 EA per fill retail)
bisacodyl TBEC PO	P	QL(1 EA daily)
castor oil OIL PO 100 %	P	
DULCOLAX PINK LAXATIVE TBEC PO (Use bisacodyl)	NF	QL(1 EA daily)
DULCOLAX SUPP PR (Use bisacodyl)	NF	QL(12 EA per fill retail)
DULCOLAX TBEC PO (Use bisacodyl)	NF	QL(1 EA daily)
sennosides LIQD PO	P	
sennosides SYRP PO 8.8 MG/5ML	P	
sennosides TABS PO 8.6 MG	P	
SENOKOT TABS PO (Use sennosides)	NF	
Surfactant Laxatives		
COLACE CAPS PO 100 MG (Use docusate sodium)	NF	QL(3 EA daily)
docusate sodium CAPS PO 100 MG, 250 MG	P	QL(3 EA daily)
docusate sodium LIQD PO 50 MG/5ML, 100 MG/10ML	P	

Drug Name	Drug Tier	Requirements/Limits
DOCUSATE SODIUM SYRP PO	P	
docusate sodium TABS PO	P	QL(3 EA daily)
MACROLIDES - Drugs to Treat Bacterial Infections		
Azithromycin		
azithromycin PACK PO	P	QL(2 EA per fill retail)
azithromycin SUSR PO 100 MG/5ML	P	QL(15 ML per fill retail)
azithromycin SUSR PO 200 MG/5ML	P	QL(60 ML per fill retail)
azithromycin TABS PO 600 MG	P	QL(8 EA per 28 day(s) retail)
azithromycin TABS PO 500 MG	P	QL(4 EA daily)
azithromycin TABS PO 250 MG	P	QL(6 EA per fill retail)
ZITHROMAX TRI-PAK TABS PO (Use azithromycin)	NP	QL(4 EA daily)
ZITHROMAX Z-PAK TABS PO (Use azithromycin)	NP	QL(6 EA per fill retail)
ZITHROMAX PACK PO	P	QL(2 EA per fill retail)
ZITHROMAX SUSR PO 200 MG/5ML (Use azithromycin)	NP	QL(60 ML per fill retail)
ZITHROMAX SUSR PO 100 MG/5ML (Use azithromycin)	NP	QL(15 ML per fill retail)
ZITHROMAX TABS PO 500 MG (Use azithromycin)	NP	QL(4 EA daily)
ZITHROMAX TABS PO 500 MG (Use azithromycin)	NF	QL(4 EA daily)
ZITHROMAX TABS PO 250 MG (Use azithromycin)	NP	QL(6 EA per fill retail)
Clarithromycin		

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>clarithromycin SUSR PO 125 MG/5ML</i>	P	QL(100 ML per fill retail)	BAND-AID GAUZE LARGE PADS	P	RX/OTC
<i>clarithromycin SUSR PO 250 MG/5ML</i>	P	QL(200 ML per fill retail)	BAND-AID GAUZE MEDIUM PADS	P	
<i>clarithromycin TABS PO</i>	P	QL(28 EA per fill retail)	BAND-AID GAUZE SMALL PADS	P	RX/OTC
<i>clarithromycin TB24 PO</i>	P	QL(14 EA per fill retail)	BAND-AID KLING ROLLED GAUZE LG MISC	P	RX/OTC
Erythromycins			BAND-AID KLING ROLLED GAUZE MD MISC	P	RX/OTC
<i>E.E.S. GRANULES SUSR PO (Use erythromycin ethylsuccinate)</i>	P		BAND-AID KLING ROLLED GAUZE SM MISC	P	RX/OTC
<i>ERYPED 200 SUSR PO (Use erythromycin ethylsuccinate)</i>	P		BAND-AID TRU-ABSORB GAUZE PADS	P	RX/OTC
<i>ERYPED 400 SUSR PO (Use erythromycin ethylsuccinate)</i>	P		BIOGUARD BARRIER DRESSING MISC	P	RX/OTC
<i>erythromycin base CPEP PO</i>	P		BIOGUARD GAUZE SPONGES PADS	P	RX/OTC
<i>erythromycin base TABS PO</i>	P		COMPEED SKIN PROTECTOR DRESS MISC	P	RX/OTC
<i>erythromycin base TBEC PO</i>	P		COPA ISLAND BORDERED FOAM PADS	P	RX/OTC
<i>erythromycin ethylsuccinate SUSR PO</i>	P		COPA PLUS HYDROPHILIC FOAM PADS	P	RX/OTC
<i>erythromycin ethylsuccinate TABS PO</i>	P		COVRSITE COVER DRESSING PADS	P	RX/OTC
<i>erythromycin stearate TABS PO 250 MG</i>	P		COVRSITE PLUS COMPOSITE DRESS PADS	P	RX/OTC
Fidaxomicin			CURITY #10 BURN DRESS 12"X12" MISC	P	RX/OTC
<i>DIFICID SUSR</i>	P		CURITY #10 BURN DRESS 18"X18" MISC	P	RX/OTC
<i>DIFICID TABS</i>	P		CURITY #10 BURN DRESS 36"X36" MISC	P	RX/OTC
MEDICAL DEVICES AND SUPPLIES			CURITY #10 GAUZE BOLT 36"X300' MISC	P	RX/OTC
Bandages-Dressings-Tape					
<i>AMD FOAM DRESSING TOPSHEET PADS</i>	P	RX/OTC			
<i>AMD FOAM DRESSING PADS</i>	P	RX/OTC			
<i>BAND-AID FLEXIBLE ROLLED GAUZE MISC</i>	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CURITY ALL PURPOSE SPONGES PADS	P	RX/OTC	CVS TUBULAR GAUZE MISC	P	RX/OTC
CURITY AMD ANTIMICROBIAL SPNGE PADS	P	RX/OTC	DERMACEA DRAIN SPONGES PADS	P	RX/OTC
CURITY AMD ANTIMICROBIAL STRIP MISC	P	RX/OTC	DERMACEA GAUZE FLUFF ROLL MISC	P	RX/OTC
CURITY COVER SPONGE PADS	P		DERMACEA GAUZE ROLL 2"X4-1/8YD MISC	P	RX/OTC
CURITY DRESSING SPONGES PADS	P	RX/OTC	DERMACEA GAUZE ROLL 3"X4-1/8YD MISC	P	RX/OTC
CURITY GAUZE SPONGE PADS	P	RX/OTC	DERMACEA GAUZE ROLL 4"X4-1/8YD MISC	P	RX/OTC
CURITY GAUZE PADS	P		DERMACEA GAUZE ROLL 6"X4-1/8YD MISC	P	RX/OTC
CURITY IODOFORM PACKING STRIP MISC	P	RX/OTC	DERMACEA GAUZE SPONGE PADS	P	RX/OTC
CURITY MESH GAUZE BNDG 1"X30' MISC	P	RX/OTC	DERMACEA IV DRAIN SPONGES PADS	P	RX/OTC
CURITY MESH GAUZE BNDG 2"X30' MISC	P	RX/OTC	DERMACEA IV SPONGES PADS	P	RX/OTC
CURITY MESH GAUZE BNDG 3"X30' MISC	P	RX/OTC	DERMACEA NON-WOVEN SPONGES PADS	P	RX/OTC
CURITY MESH GAUZE BNDG 4"X30' MISC	P	RX/OTC	DERMACEA STRETCH BANDAGE ROLL MISC	P	RX/OTC
CURITY NON-ADHERENT STRIPS MISC	P	RX/OTC	DERMACEA STRETCH BANDAGE MISC	P	RX/OTC
CURITY NON-ADHERENT STRIPS PADS	P		DERMACEA TYPE VII GAUZE PADS	P	RX/OTC
CURITY PLAIN PACKING STRIP MISC	P	RX/OTC	DERMACEA X-RAY SPONGES PADS	P	RX/OTC
CURITY SPONGES PADS	P	RX/OTC	DRYMAX EXTRA PADS	P	RX/OTC
CURITY TRIANGULAR BANDAGE MISC	P	RX/OTC	EQ GAUZE PADS	P	RX/OTC
CVS ANTIBACTERIAL GAUZE PADS	P	RX/OTC	EQL GAUZE STERILE PADS	P	
CVS GAUZE PAD STERILE PADS	P	RX/OTC	EQL GAUZE PADS	P	RX/OTC
CVS GAUZE STERILE PADS	P	RX/OTC	EXCILON AMD DRAIN SPONGES PADS	P	RX/OTC
CVS GAUZE PADS	P	RX/OTC	EXCILON AMD NON-WOVEN SPONGES PADS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EXCILON DRAIN SPONGES PADS	P	RX/OTC	KERLIX GAUZE ROLL LARGE MISC	P	RX/OTC
EXCILON IV SPONGES PADS	P	RX/OTC	KERLIX GAUZE ROLL MEDIUM MISC	P	RX/OTC
GAUZE BANDAGE 3" MISC	P	RX/OTC	KERLIX GAUZE ROLL SMALL MISC	P	RX/OTC
GAUZE BANDAGE ROLL MISC	P	RX/OTC	KERLIX SPONGES PADS	P	RX/OTC
GAUZE BANDAGE MISC	P	RX/OTC	KERLIX X-RAY DETECTABLE SPONGE MISC	P	RX/OTC
GAUZE DRESSING PADS	P	RX/OTC	KLING FLUFF MISC	P	RX/OTC
GAUZE PADS PADS	P	RX/OTC	MIRASORB SPONGES MISC	P	RX/OTC
GAUZE STRETCH BANDAGE MISC	P	RX/OTC	NEXCARE WATERPROOF PREMIUM PAD MISC	P	RX/OTC
GAUZE TYPE VII MEDI-PAK PADS	P	RX/OTC	NU GAUZE 4PLY PADS	P	RX/OTC
GNP STERILE GAUZE PADS	P	RX/OTC	NU GAUZE GENERAL-USE SPONGES MISC	P	RX/OTC
HM STERILE PADS PADS	P	RX/OTC	NU GAUZE PACKING STRIPS MISC	P	RX/OTC
HYDROCELL ADHESIVE DRESSING PADS	P	RX/OTC	NU GAUZE UTERINE PACKING STRIP MISC	P	RX/OTC
HYDROCELL DRESSING PADS	P	RX/OTC	OIL EMULSIONS DRESSING/NON-ADH PADS	P	
J & J GAUZE SPONGES 12-PLY MISC	P	RX/OTC	POLYMEM NON-ADHESIVE PADS	P	RX/OTC
J & J GAUZE SPONGES 16-PLY MISC	P	RX/OTC	PRIMAPORE 11-3/4"X4" MISC	P	RX/OTC
J & J GAUZE SPONGES 8-PLY MISC	P	RX/OTC	PRIMAPORE 13-3/4"X4" MISC	P	RX/OTC
J & J GAUZE PADS	P	RX/OTC	PRIMAPORE 2-7/8"X2" MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAM DRESS PADS	P	RX/OTC	PRIMAPORE 4"X3-1/8" MISC	P	RX/OTC
KENDALL HYDROPHILIC FOAM PLUS PADS	P	RX/OTC	PRIMAPORE 6"X3-1/8" MISC	P	RX/OTC
KERLIX AMD ANTIMICROBIAL MISC	P	RX/OTC	PRIMAPORE 8"X4" MISC	P	RX/OTC
KERLIX BANDAGE ROLL 2-1/4"X9' MISC	P	RX/OTC	QC ALL PURPOSE DRESSINGS PADS	P	RX/OTC
KERLIX BANDAGE ROLL 4.5"X9.3' MISC	P	RX/OTC			
KERLIX BANDAGE ROLL MISC	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QC BORDER ISLAND GAUZE PADS	P	RX/OTC	TEGADERM FOAM ROLL 4"X24" MISC	P	RX/OTC
QC STERILE PADS PADS	P	RX/OTC	TEGADERM FOAM PADS	P	RX/OTC
RA STERILE PADS	P	RX/OTC	TELFAMAD ADHESIVE BANDAGE MISC	P	RX/OTC
RAY-TEC X-RAY DETECTABLE SPNGE MISC	P	RX/OTC	TENDEROL UNDERCAST PADDING MISC	P	RX/OTC
RESTORE CONTACT LAYER PADS	P	RX/OTC	THERAGAUZE PADS	P	RX/OTC
RESTORE FOAM DRESSING PADS	P	RX/OTC	TOPPER DRESSING SPONGES MISC	P	RX/OTC
RESTORE ODOR ABSORBING DRESS PADS	P	RX/OTC	Contraceptives		
RESTORE TRIO ABSORBENT DRESS PADS	P		AIMSCO LUBRICATED MISC	P	QL(36 EA per fill retail)
ROLLED GAUZE 2"X2YD MISC	P	RX/OTC	DUREX EXTRA SENSITIVE THIN DEVI	P	QL(36 EA per fill retail)
SILIGENTLE FOAM DRESSING PADS	P	RX/OTC	DUREX EXTRA SENSITIVE THIN MISC	P	QL(36 EA per fill retail)
SM BANDAGE ROLL MISC	P	RX/OTC	DUREX TROPICAL MISC	P	QL(36 EA per fill retail)
SM GAUZE PADS	P	RX/OTC	FANTASY LUBRICATED/SPERMICI DE MISC	P	QL(36 EA per fill retail)
SM ROLLED GAUZE 2"X4.1YD MISC	P	RX/OTC	FANTASY LUBRICATED MISC	P	QL(36 EA per fill retail)
SM ROLLED GAUZE 3"X4.1YD MISC	P	RX/OTC	KAMELEON LUBRICATED MISC	P	QL(36 EA per fill retail)
SM STERILE PADS	P	RX/OTC	KIMONO COLORS DEVI	P	QL(36 EA per fill retail)
SOF-WICK PADS	P	RX/OTC	KIMONO MAXX-LARGE FLARE MISC	P	QL(36 EA per fill retail)
SOF-WIK MISC	P	RX/OTC	KIMONO MICRO THIN PLUS MISC	P	QL(36 EA per fill retail)
STERILE BANDAGE ROLL 2.25"X3YD MISC	P	RX/OTC	KIMONO MICRO THIN MISC	P	QL(36 EA per fill retail)
STERILE GAUZE PADS	P	RX/OTC	KIMONO PLUS MISC	P	QL(36 EA per fill retail)
STERILE PADS	P		KIMONO PS PLUS MISC	P	QL(36 EA per fill retail)
STRETCH GAUZE BANDAGE MISC	P	RX/OTC	KIMONO PS MISC	P	QL(36 EA per fill retail)
SURGICAL GAUZE SPONGE PADS	P	RX/OTC	KIMONO SENSATION PLUS MISC	P	QL(36 EA per fill retail)
TEGADERM FILM 1-3/4"X1-3/4" MISC	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits
KIMONO SENSATION MISC	P	QL(36 EA per fill retail)
KIMONO SPECIAL DEVI	P	QL(36 EA per fill retail)
KIMONO MISC	P	QL(36 EA per fill retail)
K-Y ME & YOU EXTRA LUBRICATED DEVI	P	QL(36 EA per fill retail)
K-Y ME & YOU INTENSE DEVI	P	QL(36 EA per fill retail)
MAXX PLUS MISC	P	QL(36 EA per fill retail)
MAXX MISC	P	QL(36 EA per fill retail)
REALITY LATEX CONDOMS MISC	P	QL(36 EA per fill retail)
REALITY LATEX/ULTRA TEXTURED DEVI	P	QL(36 EA per fill retail)
REALITY LATEX/ULTRA THIN DEVI	P	QL(36 EA per fill retail)
TROJAN ENZ MISC	P	QL(36 EA per fill retail)
TROJAN MAGNUM MISC	P	QL(36 EA per fill retail)
TROJAN ULTRA THIN/SPERMICIDAL MISC	P	QL(36 EA per fill retail)
TROJAN ULTRA THIN MISC	P	QL(36 EA per fill retail)
TROJAN-ENZ LUBRICATED MISC	P	QL(36 EA per fill retail)
TROJAN-ENZ/SPERMICIDAL MISC	P	QL(36 EA per fill retail)
TRUE COVER DEVI	P	QL(36 EA per fill retail)
TRUSTEX COLOR CONDOMS + LUBE MISC	P	QL(36 EA per fill retail)
TRUSTEX LUB/RIBBED/STUDED MISC	P	QL(36 EA per fill retail)
TRUSTEX LUB/SPERMICIDE EX ST MISC	P	QL(36 EA per fill retail)

Drug Name	Drug Tier	Requirements/Limits
TRUSTEX LUB/SPERMICIDE XL MISC	P	QL(36 EA per fill retail)
TRUSTEX LUBRICATED EX LARGE MISC	P	QL(36 EA per fill retail)
TRUSTEX LUBRICATED EXTRA ST MISC	P	QL(36 EA per fill retail)
TRUSTEX LUBRICATED/SPERMICIDE MISC	P	QL(36 EA per fill retail)
TRUSTEX LUBRICATED MISC	P	QL(36 EA per fill retail)
TRUSTEX NATURAL CONDOMS + LUBE MISC	P	QL(36 EA per fill retail)
TRUSTEX NON-LUBRICATED MISC	P	QL(36 EA per fill retail)
TRUSTEX RIA LUB/SPERMICIDE MISC	P	QL(36 EA per fill retail)
TRUSTEX RIA LUBRICATED MISC	P	QL(36 EA per fill retail)
TRUSTEX RIA NON-LUBRICATED MISC	P	QL(36 EA per fill retail)
TRUSTEX-NONOXYNOL-9/RIB/STUD MISC	P	QL(36 EA per fill retail)
Diabetic Supplies		
1ST TIER UNILET COMFORTOUCH	P	RX/OTC
ACCU-CHEK AVIVA PLUS KIT	NP	RX/OTC
ACCU-CHEK FASTCLIX LANCET KIT	P	QL(1 EA per 180 day(s) retail)
ACCU-CHEK FASTCLIX LANCETS	P	RX/OTC
ACCU-CHEK GUIDE ME KIT	NP	RX/OTC
ACCU-CHEK GUIDE KIT	NP	RX/OTC
ACCU-CHEK SAFE-T PRO LANCETS	NP	RX/OTC
ACCU-CHEK SOFTCLIX LANCET DEV KIT	P	QL(1 EA per 180 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACCU-CHEK SOFTCLIX LANCETS	P	RX/OTC	AGAMATRIX AMP DEVI	NP	
ACTI-LANCE 28G	P	RX/OTC	AGAMATRIX JAZZ WIRELESS 2 KIT	NP	RX/OTC
ACTI-LANCE LITE LANCETS 28G	P	RX/OTC	AGAMATRIX PRESTO PRO METER DEVI	NP	
ACTI-LANCE SPECIAL LANCETS 17G	P	RX/OTC	AGAMATRIX PRESTO KIT	NP	RX/OTC
ACTI-LANCE UNIVERSAL 23G	P	RX/OTC	AGAMATRIX ULTRA-THIN LANCETS	P	RX/OTC
ADJUSTABLE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	AIMSCO TWIST LANCETS 32G	P	RX/OTC
ADVANCE INTUITION METER DEVI	NP		AIMSCO TWIST LANCETS 33G	P	RX/OTC
ADVANCE INTUITION MONITOR KIT	NP	RX/OTC	AQUALANCE LANCETS 30G	NP	RX/OTC
ADVANCE MICRO-DRAW METER DEVI	NP		ASSURE 3 METER KIT	NP	
ADVANCED MOBILE LANCET	P	RX/OTC	ASSURE 4 METER DEVI	NP	
ADVOCATE BLOOD GLUCOSE MONITOR DEVI	NP		ASSURE COMFORT LANCETS 28G	NP	RX/OTC
ADVOCATE BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC	ASSURE HAEMOLANCE PLUS HIGH	P	RX/OTC
ADVOCATE LANCETS	NP	RX/OTC	ASSURE HAEMOLANCE PLUS LOW	P	RX/OTC
ADVOCATE LANCETS 30G	P	RX/OTC	ASSURE HAEMOLANCE PLUS MICRO	P	RX/OTC
ADVOCATE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	ASSURE HAEMOLANCE PLUS NORMAL	P	RX/OTC
ADVOCATE RAPID-SAFE LANCING MISC	P	QL(1 EA per 180 day(s) retail)	ASSURE HAEMOLANCE PLUS PED	P	RX/OTC
ADVOCATE REDI-CODE+ DEVI	NP		ASSURE LANCE LANCETS	P	RX/OTC
ADVOCATE REDI-CODE DEVI	NP		ASSURE LANCE LANCETS 21G	P	RX/OTC
ADVOCATE REDI-CODE KIT	NP	RX/OTC	ASSURE LANCE PLUS SAFETY 25G	P	RX/OTC
ADVOCATE SAFETY LANCETS	NP	RX/OTC	ASSURE LANCE PLUS SAFETY 30G	P	RX/OTC
ADVOCATE SAFETY LANCETS 26G	NP	RX/OTC	ASSURE LANCE SAFETY LANCET 28G	P	RX/OTC
			ASSURE PLATINUM METER DEVI	NP	

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ASSURE PRISM MULTI METER DEVI	NP		BIOTEL CARE BLOOD GLUCOSE KIT	NP	RX/OTC
ASSURE PRO BLOOD GLUCOSE METER DEVI	NP		BLOOD GLUCOSE MONITOR SYSTEM KIT	NP	RX/OTC
AURORA LANCET SUPER THIN 30G	P	RX/OTC	BLOOD GLUCOSE MONITORING 333 DEVI	NP	
AURORA LANCET THIN 23G	P	RX/OTC	BLOOD GLUCOSE SYSTEM PAK KIT	NP	RX/OTC
AUTO-LANCET MINI MISC	P	QL(1 EA per 180 day(s) retail)	BLULINK GLUCOSE MONITORING SYS DEVI	NP	
AUTO-LANCET MISC	P	QL(1 EA per 180 day(s) retail)	CARDIOCOM LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
AUTOLET II CLINISAFE KIT	P	QL(1 EA per 180 day(s) retail)	CAREONE ADVANCED LANCING DEV MISC	P	QL(1 EA per 180 day(s) retail)
AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	CAREONE BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
AUTOLET LITE CLINISAFE KIT	P	QL(1 EA per 180 day(s) retail)	CAREONE LANCET SUPER THIN 30G	P	RX/OTC
AUTOLET LITE STARTER PACK KIT	P	QL(1 EA per 180 day(s) retail)	CAREONE LANCET THIN 23G	P	RX/OTC
AUTOLET MINI MISC	P	QL(1 EA per 180 day(s) retail)	CARESENS LANCETS	P	RX/OTC
AUTOLET PLUS MISC	P	QL(1 EA per 180 day(s) retail)	CARESENS LANCETS 30G	P	RX/OTC
BD LANCET ULTRAFINE 30G	P	RX/OTC	CARESENS N FELIZ BT DEVI	NP	
BD LANCET ULTRAFINE 33G	P	RX/OTC	CARESENS N FELIZ DEVI	NP	
BD LATITUDE DIABETES KIT	NP	RX/OTC	CARESENS N GLUCOSE SYSTEM DEVI	NP	
BD LOGIC BLOOD GLUCOSE MONITOR KIT	NP	RX/OTC	CARESENS N VOICE SYSTEM DEVI	NP	
BD MICROTAINER LANCETS	NP	RX/OTC	CARETOUCH LANCING/EJECTOR MISC	P	QL(1 EA per 180 day(s) retail)
BIGFOOT UNITY PROGRAM KIT	NP	RX/OTC	CARETOUCH MONITOR SYSTEM KIT	NP	RX/OTC
BIOTEL CARE BLOOD GLUCOSE SYST KIT	NP	RX/OTC	CARETOUCH SAFETY LANCETS	NP	RX/OTC
			CARETOUCH SAFETY LANCETS 26G	NP	RX/OTC

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CARETOUCH TWIST LANCETS 28G	P	RX/OTC	COMFORT TOUCH LANCETS 31G	NP	RX/OTC
CARETOUCH TWIST LANCETS 30G	P	RX/OTC	COMFORT TOUCH PLUS LANCETS 28G	NP	RX/OTC
CARETOUCH TWIST LANCETS 33G	P	RX/OTC	COMFORT TOUCH PLUS LANCETS 30G	NP	RX/OTC
CARETOUCH TWIST MC LANCETS 30G	P	RX/OTC	CONTOUR MONITOR DEVI	NP	
CHOSEN LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	CONTOUR NEXT EZ KIT	NP	RX/OTC
CLEANLET LANCETS 28G	P	RX/OTC	CONTOUR NEXT GEN MONITOR DEVI	NP	
CLEVER CHEK AUTO-CODE SYSTEM DEVI	NP		CONTOUR NEXT GEN MONITOR KIT	NP	RX/OTC
CLEVER CHEK AUTO-CODE VOICE DEVI	NP		CONTOUR NEXT LINK KIT	NP	RX/OTC
CLEVER CHEK LANCETS	P	RX/OTC	CONTOUR NEXT MONITOR KIT	NP	RX/OTC
CLEVER CHEK SYSTEM KIT	NP	RX/OTC	CONTOUR NEXT ONE DEVI	NP	
CLEVER CHOICE AUTO-CODE SYSTEM DEVI	NP		CONTOUR NEXT ONE KIT	NP	
CLEVER CHOICE COMFORT EZ	NP	RX/OTC	COOL MONITOR KIT KIT	NP	RX/OTC
CLEVER CHOICE LANCETS 21G	NP	RX/OTC	COOL MONITOR DEVI	NP	
CLEVER CHOICE LANCETS 23G	NP	RX/OTC	CVS BLOOD GLUCOSE METER KIT	NP	RX/OTC
CLEVER CHOICE LANCETS 28G	NP	RX/OTC	CVS LANCETS 21G	P	RX/OTC
CLEVER CHOICE MICRO SYSTEM KIT	NP	RX/OTC	CVS LANCETS MICRO THIN 33G	P	RX/OTC
CLEVER CHOICE MINI SYSTEM DEVI	NP		CVS LANCETS ORIGINAL	P	RX/OTC
CLEVER CHOICE TALK SYSTEM DEVI	NP		CVS LANCETS THIN 26G	P	RX/OTC
COAGUCHEK LANCETS	NP	RX/OTC	CVS LANCETS ULTRA THIN 30G	P	RX/OTC
COMFORT ASSURED LANCETS 28G	P	RX/OTC	CVS LANCETS ULTRA-THIN 30G	P	RX/OTC
COMFORT ASSURED LANCETS 33G	P	RX/OTC	CVS LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
COMFORT LANCETS	P	RX/OTC	CVS ULTRA THIN LANCETS	P	RX/OTC
			D-CARE GLUCOMETER KIT	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEXCOM G6 RECEIVER	P	PA	DRUG MART UNILET LANCETS 33G	P	RX/OTC
DEXCOM G6 SENSOR	P	PA	EASY COMFORT LANCETS	NP	RX/OTC
DEXCOM G6 TRANSMITTER	P	PA	EASY COMFORT LANCETS TWIST TOP	NP	RX/OTC
DEXCOM G7 RECEIVER	P	PA	EASY MINI EJECT LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
DEXCOM G7 SENSOR	P	PA	EASY MINI LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
DIABETES MONITOR DIGIT ADD-ON KIT	NP	RX/OTC	EASY PLUS II GLUCOSE SYSTEM DEVI	NP	
DIABETES MONITOR DIGIT SOLN KIT	NP	RX/OTC	EASY STEP GLUCOSE MONITOR DEVI	NP	
DIATHRIVE BLOOD GLUCOSE METER DEVI	NP		EASY TALK BLOOD GLUCOSE SYSTEM DEVI	NP	
DIATHRIVE LANCET ULTRA THIN 30	P	RX/OTC	EASY TOUCH GLUCOSE SYSTEM KIT	NP	RX/OTC
DIATHRIVE LANCETS	P	RX/OTC	EASY TOUCH HEALTHPRO GLUCOSE KIT	NP	RX/OTC
DIATHRIVE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	EASY TOUCH LANCETS 21G	P	RX/OTC
DIATHRIVE+ GLUCOSE MONITOR DEVI	NP		EASY TOUCH LANCETS 23G	P	RX/OTC
DIATRUE PLUS BLOOD GLUCOSE DEVI	NP		EASY TOUCH LANCETS 26G	P	RX/OTC
DROPLET GENTEEL LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	EASY TOUCH LANCETS 28G	P	RX/OTC
DROPLET LANCETS ULTRA THIN 30G	P	RX/OTC	EASY TOUCH LANCETS 28G/TWIST	P	RX/OTC
DROPLET LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	EASY TOUCH LANCETS 30G	P	RX/OTC
DROPLET PERSONAL LANCETS 30G	P	RX/OTC	EASY TOUCH LANCETS 30G/TWIST	P	RX/OTC
DRUG MART LANCETS THIN 26G	P	RX/OTC	EASY TOUCH LANCETS 32G	P	RX/OTC
DRUG MART LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	EASY TOUCH LANCETS 32G/TWIST	P	RX/OTC
DRUG MART ON-THE-GO LANCET 30G	NP	RX/OTC	EASY TOUCH LANCETS 33G/TWIST	P	RX/OTC
DRUG MART UNILET LANCETS 28G	P	RX/OTC			
DRUG MART UNILET LANCETS 30G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	EMBRACE LANCING DEVICE/EJECTOR MISC	P	QL(1 EA per 180 day(s) retail)
EASY TOUCH SAFETY LANCETS 21G	P	RX/OTC	EMBRACE PRESSURE ACTIVATED 21G	NP	RX/OTC
EASY TOUCH SAFETY LANCETS 23G	P	RX/OTC	EMBRACE PRESSURE ACTIVATED 28G	NP	RX/OTC
EASY TOUCH SAFETY LANCETS 26G	P	RX/OTC	EMBRACE PRO GLUCOSE METER DEVI	NP	
EASY TOUCH SAFETY LANCETS 28G	P	RX/OTC	EMBRACE TALK BLOOD GLUCOSE DEVI	NP	
EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	NP		EMBRACE TALK MONITORING SYSTEM KIT	NP	RX/OTC
EASY TRAK II BLOOD GLUCOSE SYS DEVI	NP		EMBRACE WAVE BLOOD GLUCOSE DEVI	NP	
EASYGLUCO KIT	NP		EMBRACE WAVE GLUCOSE METER DEVI	NP	
EASYMAX NG BLOOD GLUCOSE DEVI	NP		ENLITE GLUCOSE SENSOR	NP	
EASYMAX NG BLOOD GLUCOSE KIT	NP	RX/OTC	EQL COLOR LANCETS 21G	P	RX/OTC
EASYMAX V BLOOD GLUCOSE DEVI	NP		EQL COLOR LANCETS MICRO 33G	P	RX/OTC
EASYPRO BLOOD GLUCOSE MONITOR KIT	NP	RX/OTC	EQL SUPER THIN LANCETS 30G	P	RX/OTC
EASYPRO PLUS KIT	NP	RX/OTC	EQL THIN LANCETS 26G	P	RX/OTC
ELEMENT AUTOCODE SYSTEM KIT	NP	RX/OTC	EVERSENSE E3 SENSOR/HOLDER	NP	
ELEMENT COMPACT GLUCOSE SYSTEM DEVI	NP		EVERSENSE E3 SMART TRANSMITTER	NP	
ELEMENT COMPACT V GLUCOSE SYS DEVI	NP		EVERSENSE SENSOR/HOLDER	NP	
ELEMENT PLUS DEVI	NP		EVERSENSE SMART TRANSMITTER	NP	
EMBRACE BLOOD GLUCOSE MONITOR DEVI	NP		EVOLUTION AUTOCODE DEVI	NP	
EMBRACE EVO GLUCOSE MONITOR DEVI	NP		E-Z JECT LANCET MICRO-THIN 33G	P	RX/OTC
EMBRACE EVO GLUCOSE MONITORING KIT	NP	RX/OTC	E-Z JECT LANCET SUPER THIN 30G	P	RX/OTC
EMBRACE LANCETS ULTRA THIN 30G	P	RX/OTC	E-Z JECT LANCETS	P	RX/OTC
			E-Z JECT LANCETS 21G	P	RX/OTC

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E-Z JECT LANCETS THIN 26G	P	RX/OTC	FORA V30A BLOOD GLUCOSE SYSTEM DEVI	NP	
EZ-LETS LANCETS 21G	P	RX/OTC	FORA V30A BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
EZ-LETS LANCETS 26G	P	RX/OTC	FORACARE GD40 MONITOR DEVI	NP	
EZ-LETS LANCETS 28G	P	RX/OTC	FORACARE PREMIUM V10 DEVI	NP	
EZ-LETS LANCETS 30G	P	RX/OTC	FORACARE TEST N GO MONITOR DEVI	NP	
FIFTY50 GLUCOSE METER 2.0 KIT	NP	RX/OTC	FORTISCARE CONTROL SOLN	P	QL(1 EA per 90 day(s) retail)
FIFTY50 SAFETY SEAL LANCETS	P	RX/OTC	FORTISCARE T1 GLUCOSE SYSTEM DEVI	NP	
FIFTY50 UNILET LANCETS 33G	P	RX/OTC	FREDS PHARMACY AUTOLET LANCING MISC	P	QL(1 EA per 180 day(s) retail)
FINE 30	P	RX/OTC	FREDS PHARMACY UNILET LANC 28G	P	RX/OTC
FINGERSTIX LANCETS	P	RX/OTC	FREDS PHARMACY UNILET LANC 30G	P	RX/OTC
FORA G20 BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC	FREESTYLE FREEDOM LITE KIT	NP	RX/OTC
FORA G30A BLOOD GLUCOSE SYSTEM DEVI	NP		FREESTYLE LANCETS	P	RX/OTC
FORA GD20 BLOOD GLUCOSE SYSTEM DEVI	NP		FREESTYLE LIBRE 14 DAY READER	P	PA
FORA GD50 BLOOD GLUCOSE SYSTEM DEVI	NP		FREESTYLE LIBRE 14 DAY SENSOR	P	PA
FORA GTEL BLOOD GLUCOSE SYSTEM DEVI	NP		FREESTYLE LIBRE 2 READER	P	PA
FORA LANCETS	P	RX/OTC	FREESTYLE LIBRE 2 SENSOR	P	PA
FORA LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	FREESTYLE LIBRE 3 READER	P	PA
FORA PREMIUM V10 BLE SYSTEM DEVI	NP		FREESTYLE LIBRE 3 SENSOR	P	PA
FORA TEST N' GO MONITOR DEVI	NP		FREESTYLE LIBRE READER	NP	
FORA TN'G VOICE KIT	NP	RX/OTC	FREESTYLE LITE DEVI	NP	
FORA V10 BLOOD GLUCOSE SYSTEM DEVI	NP		FREESTYLE LITE KIT	NP	RX/OTC
FORA V10/V12/D10/D20 TEST KIT	NP		FREESTYLE PRECISION NEO SYSTEM KIT	NP	RX/OTC
FORA V12 BLOOD GLUCOSE SYSTEM DEVI	NP				
FORA V20 BLOOD GLUCOSE SYSTEM DEVI	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FREESTYLE UNISTICK II LANCETS	NP	RX/OTC	GLUCOCARD 01-MINI GLUCOSE KIT	NP	RX/OTC
GE100 BLOOD GLUCOSE SYSTEM DEVI	NP		GLUCOCARD EXPRESSION MONITOR KIT	NP	RX/OTC
GE100 BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC	GLUCOCARD SHINE CONNEX KIT	NP	RX/OTC
GENTEEL BUTTERFLY TOUCH LANCET	P	RX/OTC	GLUCOCARD SHINE EXPRESS KIT	NP	RX/OTC
GENTEEL LANCING KIT (BLUE) KIT	P	QL(1 EA per 180 day(s) retail)	GLUCOCARD SHINE XL DEVI	NP	
GENTEEL PLUS LANCING (BLACK) MISC	P	QL(1 EA per 180 day(s) retail)	GLUCOCARD SHINE DEVI	NP	
GENTEEL PLUS LANCING (PURPLE) MISC	P	QL(1 EA per 180 day(s) retail)	GLUCOCARD SHINE KIT	NP	RX/OTC
GENTEEL PLUS LANCING (WHITE) MISC	P	QL(1 EA per 180 day(s) retail)	GLUCOCARD VITAL MONITOR KIT	NP	RX/OTC
GENTEEL PLUS LANCING DEV(BLUE) MISC	P	QL(1 EA per 180 day(s) retail)	GLUCOCARD X-METER KIT	NP	RX/OTC
GENTEEL PLUS LANCING DEV(PINK) MISC	P	QL(1 EA per 180 day(s) retail)	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	NP	
GENTLE-LET GP LANCETS	P	RX/OTC	GLUCOCOM LANCETS 28G	P	RX/OTC
GENTLE-LET LANCETS	P	RX/OTC	GLUCOCOM LANCETS 30G	P	RX/OTC
GHT BLOOD GLUCOSE MONITOR KIT	NP	RX/OTC	GLUCOCOM LANCETS 33G	P	RX/OTC
GLOBAL INJECT EASE LANCETS 28G	NP	RX/OTC	GLUCOCOM MONITOR KIT	NP	RX/OTC
GLOBAL INJECT EASE LANCETS 30G	NP	RX/OTC	GLUCONAVII BLOOD GLUCOSE SYS KIT	NP	RX/OTC
GLOBAL LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	GNP EASY TOUCH GLUCOSE METER DEVI	NP	
GLUCO PERFECT 3 METER DEVI	NP		GNP LANCETS 21G	P	RX/OTC
GLUCOCARD 01 BLOOD GLUCOSE DEVI	NP		GNP LANCETS THIN 26G	P	RX/OTC
GLUCOCARD 01 BLOOD GLUCOSE KIT	NP	RX/OTC	GNP LANCING SYSTEM DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
			GNP STERILE LANCETS 28G	P	RX/OTC
			GNP STERILE LANCETS 30G	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GNP STERILE LANCETS 33G	P	RX/OTC	GUARDIAN REAL-TIME TEST PLUG MISC	NP	RX/OTC
GNP TRUE METRIX AIR METER KIT	NP	RX/OTC	GUARDIAN SENSOR (3)	NP	
GNP TRUE METRIX GLUCOSE METER KIT	NP	RX/OTC	GUARDIAN SENSOR 3	NP	
GOJJI CONTROL SOLN	P	QL(1 EA per 90 day(s) retail)	HAEMOLANCE	P	RX/OTC
GOJJI LANCING DEVICE/CLEAR CAP MISC	P	QL(1 EA per 180 day(s) retail)	HAEMOLANCE	NP	RX/OTC
GOJJI STERILE LANCETS	P	RX/OTC	HAEMOLANCE LOW FLOW LANCETS	NP	RX/OTC
GOODSENSE BLOOD GLUCOSE KIT	NP	RX/OTC	HAEMOLANCE LOW FLOW LANCETS	P	RX/OTC
GOODSENSE COLOR LANCETS 33G	P	RX/OTC	HAEMOLANCE PLUS	NP	RX/OTC
GOODSENSE LANCETS 26G UNIV	P	RX/OTC	HAEMOLANCE PLUS HIGH FLOW	NP	RX/OTC
GOODSENSE LANCETS 30G	P	RX/OTC	HAEMOLANCE PLUS LOW FLOW	NP	RX/OTC
GOODSENSE LANCETS 30G UNIV	P	RX/OTC	HAEMOLANCE PLUS MAX FLOW	NP	RX/OTC
GOODSENSE LANCETS 33G	P	RX/OTC	HAEMOLANCE PLUS PEDIATRIC FLOW	NP	RX/OTC
GOODSENSE LANCETS 33G UNIV	P	RX/OTC	HEALTH CARE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
GOODSENSE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	HEALTHPRO BLOOD GLUCOSE MONITO KIT	NP	RX/OTC
GUARDIAN 4 GLUCOSE SENSOR	NP		HEALTHY ACCENTS LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
GUARDIAN 4 TRANSMITTER	NP		HEALTHY ACCENTS UNILET LANCETS	P	RX/OTC
GUARDIAN CONNECT TRANSMITTER	NP		H-E-B INCONTROL ADV LANCING MISC	P	QL(1 EA per 180 day(s) retail)
GUARDIAN LINK 3 TRANSMITTER	NP		H-E-B INCONTROL LANCETS 28G	P	RX/OTC
GUARDIAN REAL-TIME CHARGER MISC	NP	RX/OTC	H-E-B INCONTROL LANCETS 30G	P	RX/OTC
GUARDIAN REAL-TIME REPLACE PED	NP		H-E-B INCONTROL LANCETS 33G	P	RX/OTC
			HM EMBRACE TALK SYSTEM KIT	NP	RX/OTC
			HW EMBRACE PRO GLUCOSE METER DEVI	NP	

Drug Name	Drug Tier	Requirements/Limits
HW EMBRACE TALK BLOOD GLUCOSE DEVI	NP	
HYPOLANCE AST LANCING KIT	P	QL(1 EA per 180 day(s) retail)
HY-VEE LANCETS	P	RX/OTC
HY-VEE THIN LANCETS	P	RX/OTC
IGLUCOSE MONITORING SYSTEM KIT	NP	RX/OTC
IHEALTH LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
IN TOUCH LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
IN TOUCH STERILE LANCETS 30G	NP	RX/OTC
IN TOUCH DEVI	NP	
INFINITY BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
INFINITY VOICE KIT	NP	RX/OTC
KINNEY LANCETS	P	RX/OTC
KINNEY THIN LANCETS	P	RX/OTC
KROGER AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
KROGER BLOOD GLUCOSE KIT	NP	RX/OTC
KROGER HEALTHPRO LANCET 26G	P	RX/OTC
KROGER LANCETS	P	RX/OTC
KROGER LANCETS 21G	P	RX/OTC
KROGER LANCETS MICRO THIN 33G	P	RX/OTC
KROGER LANCETS SUPER THIN	P	RX/OTC
KROGER LANCETS THIN	P	RX/OTC
KROGER LANCETS THIN 26G	P	RX/OTC
KROGER LANCETS ULTRATHIN 30G	P	RX/OTC

Drug Name	Drug Tier	Requirements/Limits
KROGER LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
KROGER PREMIUM BLOOD GLUCOSE KIT	NP	RX/OTC
LANCET DEVICE WITH EJECTOR MISC	P	QL(1 EA per 180 day(s) retail)
LANCET DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
LANCETS	P	RX/OTC
LANCETS	NP	RX/OTC
LANCETS 28G THIN	P	RX/OTC
LANCETS 30G	P	RX/OTC
LANCETS 30G	NP	RX/OTC
LANCETS 33G	P	RX/OTC
LANCETS MICRO THIN 33G	P	RX/OTC
LANCETS SUPER THIN 28G	P	RX/OTC
LANCETS THIN	P	RX/OTC
LANCETS ULTRA THIN	P	RX/OTC
LANCETS ULTRA THIN 30G	P	RX/OTC
LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
LANZO MISC	P	QL(1 EA per 180 day(s) retail)
LEADER ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
LIBERTY BLOOD GLUCOSE METER DEVI	NP	
LIBERTY MEDICAL LANCETS	P	RX/OTC
LIBERTY MINI LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
LIBERTY NXT GENERATION MONITOR DEVI	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
LIFESCAN UNISTIK 2	P	RX/OTC	MEIJER BLOOD GLUCOSE KIT	NP	RX/OTC
LIFESCAN UNISTIK II LANCETS	P	RX/OTC	MEIJER ESSENTIAL BLOOD GLUCOSE KIT	NP	RX/OTC
LITE TOUCH LANCETS	P	RX/OTC	MEIJER LANCETS	P	RX/OTC
LITE TOUCH LANCING PEN MISC	P	QL(1 EA per 180 day(s) retail)	MEIJER LANCETS THIN	P	RX/OTC
LITETOUCH LANCETS	P	RX/OTC	MEIJER LANCETS UNIVERSAL 21G	P	RX/OTC
LIVE BETTER ADV LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	MEIJER LANCETS UNIVERSAL 30G	P	RX/OTC
LIVE BETTER LANCET SUPER THIN	P	RX/OTC	MEIJER LANCETS UNIVERSAL 33G	P	RX/OTC
LIVE BETTER LANCET ULTRA THIN	P	RX/OTC	MEIJER PREMIUM BLOOD GLUCOSE KIT	NP	RX/OTC
LONGS LANCETS STANDARD	P	RX/OTC	MEIJER SUPER THIN LANCETS	P	RX/OTC
LONGS LANCETS THIN	P	RX/OTC	MEIJER TRUE2GO BLOOD GLUCOSE KIT	NP	RX/OTC
LONGS LANCETS ULTRA THIN	P	RX/OTC	MEIJER TRUERESULT GLUCOSE SYS KIT	NP	RX/OTC
MEDICHOICE SAFETY LANCET	P	RX/OTC	MEIJER TRUETRACK GLUCOSE SYS KIT	NP	RX/OTC
MEDICHOICE SAFETY LANCET EXTRA	P	RX/OTC	MICRODOT BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
MEDICHOICE SAFETY LANCET NORM	P	RX/OTC	MICROLET LANCETS	P	RX/OTC
MEDLANCE EXTRA 21G	P	RX/OTC	MICROLET NEXT LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
MEDLANCE LITE 25G	P	RX/OTC	MINI LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
MEDLANCE PLUS EXTRA 21G	P	RX/OTC	MINILINK REAL-TIME TRANSMITTER	NP	
MEDLANCE PLUS LANCETS	P	RX/OTC	MINIMED 630G GUARDIAN PRESS	NP	
MEDLANCE PLUS LITE 25G	P	RX/OTC	MM BLOOD GLUCOSE SYSTEM KIT	P	RX/OTC
MEDLANCE PLUS SPECIAL 0.8MM	P	RX/OTC	MM EASY TOUCH GLUCOSE METER KIT	NP	RX/OTC
MEDLANCE PLUS SUPERLITE 30G	P	RX/OTC	MM LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
MEDLANCE PLUS UNIVERSAL 21G	P	RX/OTC	MM TWIST LANCETS	P	RX/OTC
MEDLANCE UNIVERSAL 21G	P	RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MONOLET LANCETS	P	RX/OTC	OMNIPOD CLASSIC PODS (GEN 3) MISC	P	PA
MONOLET OPD LANCETS	P	RX/OTC	OMNIPOD DASH INTRO (GEN 4) KIT	P	PA
MONOLETTOR SAFETY LANCETS	NP	RX/OTC	OMNIPOD DASH PDM (GEN 4) KIT	P	PA
MPD SAFETY LANCET 21G	P	RX/OTC	OMNIPOD DASH PODS (GEN 4) MISC	P	PA
MPD SAFETY LANCET 23G	P	RX/OTC	OMNIPOD GO KIT	NP	
MPD SAFETY LANCET 28G	P	RX/OTC	ON CALL EXPRESS MONITORING SYS KIT	NP	RX/OTC
MPD SAFETY LANCET 30G	P	RX/OTC	ONE DROP BLOOD GLUCOSE MONITOR KIT	NP	RX/OTC
MULTI-LANCET DEVICE 2 KIT	P	QL(1 EA per 180 day(s) retail)	ONETOUCH CLUB LANCETS FINE PT	P	RX/OTC
MULTI-LANCET DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	ONETOUCH DELICA LANCETS 30G	P	RX/OTC
MYGLUCOHEALTH BLOOD GLUCOSE KIT	NP	RX/OTC	ONETOUCH DELICA LANCETS 33G	P	RX/OTC
MYGLUCOHEALTH LANCETS 30G	P	RX/OTC	ONETOUCH DELICA LANCING DEV MISC	P	QL(1 EA per 180 day(s) retail)
NOVA MAX BLOOD GLUCOSE SYSTEM DEVI	NP		ONETOUCH DELICA PLUS LANCET30G	P	RX/OTC
NOVA MAX BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC	ONETOUCH DELICA PLUS LANCET33G	P	RX/OTC
NOVA SAFETY LANCETS 23G	NP	RX/OTC	ONETOUCH DELICA PLUS LANCING MISC	P	QL(1 EA per 180 day(s) retail)
NOVA SAFETY LANCETS 28G	NP	RX/OTC	ONETOUCH DELICA SAFETY LANCING	P	QL(1 EA per 180 day(s) retail); RX/OTC
NOVA SUREFLEX LANCETS	P	RX/OTC	ONETOUCH FINEPOINT LANCETS	P	RX/OTC
NOVA SUREFLEX LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	ONETOUCH SOLUTIONS STARTER KIT KIT	NP	
OMNIPOD 5 DEXG7G6 INTRO GEN 5 KIT	P	PA	ONETOUCH ULTRA 2 KIT	P	RX/OTC
OMNIPOD 5 DEXG7G6 PODS GEN 5 MISC	P	PA	ONETOUCH ULTRA MINI KIT	NP	RX/OTC
OMNIPOD 5 G7 INTRO (GEN 5) KIT	P	PA	ONETOUCH ULTRA MINI KIT	P	RX/OTC
OMNIPOD 5 G7 PODS (GEN 5) MISC	P	PA	ONETOUCH ULTRASOFT 2 LANCETS	P	RX/OTC

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONETOUCH ULTRASOFT LANCETS	P	RX/OTC	PRO COMFORT LANCETS 30G	NP	RX/OTC
ONETOUCH VERIO FLEX SYSTEM KIT	P	RX/OTC	PRO COMFORT LANCETS 31G	NP	RX/OTC
ONETOUCH VERIO REFLECT KIT	NP	RX/OTC	PRO COMFORT SAFETY LANCETS 30G	NP	RX/OTC
ONETOUCH VERIO KIT	P	RX/OTC	PRO VOICE V8 GLUCOSE SYSTEM DEVI	NP	
OVAL TAPE MISC	NP	RX/OTC	PRO VOICE V9 GLUCOSE SYSTEM DEVI	NP	
PARADIGM REAL-TIME TRANSMITTER	NP		PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	NP	
PC LANCETS SUPER THIN 30G	P	RX/OTC	PRODIGY AUTOCODE BLOOD GLUCOSE KIT	NP	RX/OTC
PENLET II BLOOD SAMPLER KIT	P	QL(1 EA per 180 day(s) retail)	PRODIGY LANCETS 28G	P	RX/OTC
PERFECT LANCETS 28G	P	RX/OTC	PRODIGY LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
PERFECT LANCETS 30G	P	RX/OTC	PRODIGY NO CODING BLOOD GLUC KIT	NP	RX/OTC
PHARMACIST CHOICE AUTOCODE SYS KIT	NP	RX/OTC	PRODIGY POCKET BLOOD GLUCOSE KIT	NP	RX/OTC
PHARMACIST CHOICE LANCETS	P	RX/OTC	PRODIGY SAFETY LANCETS 26G	P	RX/OTC
PHARMACIST CHOICE LANCETS	NP	RX/OTC	PRODIGY TWIST TOP LANCETS 28G	P	RX/OTC
PHARMACIST CHOICE MINI SYSTEM DEVI	NP		PRODIGY VOICE BLOOD GLUCOSE KIT	NP	RX/OTC
PHARMACY COUNTER LANCETS	P	RX/OTC	PSS SELECT GP LANCETS	P	RX/OTC
PIP BLOOD GLUCOSE MONITORING DEVI	NP		PSS SELECT SAFETY LANCETS	P	RX/OTC
PIP LANCETS 28G	P	RX/OTC	PURE COMFORT LANCETS 30G	NP	RX/OTC
PIP LANCETS 30G	P	RX/OTC	PX ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
POCKETCHEM EZ SYSTEM KIT	NP	RX/OTC	PX LANCET AUTO INJECTOR MISC	P	QL(1 EA per 180 day(s) retail)
POGO AUTOMATIC BLOOD GLUCOSE DEVI	NP		PX LANCETS MICROTHIN 33G	P	RX/OTC
PRECISION THINS GP LANCETS	P	RX/OTC	PX LANCETS ULTRA THIN	P	RX/OTC
PRECISION XTRA KIT	NP	RX/OTC			
PREFERRED PLUS LANCETS COLORED	P	RX/OTC			
PREFERRED PLUS LANCETS THIN	P	RX/OTC			

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PX LANCETS ULTRA THIN 28G	P	RX/OTC	RELION LANCETS	P	QL(1 EA per 180 day(s) retail); RX/OTC
QC ADVANCED LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	RELION LANCETS MICRO-THIN 33G	P	RX/OTC
QC LANCETS SUPER THIN 30G	P	RX/OTC	RELION LANCETS THIN 26G	P	RX/OTC
QC LANCETS ULTRA THIN	P	RX/OTC	RELION LANCETS ULTRA-THIN 30G	P	RX/OTC
QC UNILET LANCETS 28G	P	RX/OTC	RELION LANCING DEVICE KIT	P	QL(1 EA per 180 day(s) retail)
QC UNILET LANCETS MICRO THIN	P	RX/OTC	RELION LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
QUICKTEK/METER KIT	NP	RX/OTC	RELION MICRO KIT	NP	RX/OTC
QUICKTEK KIT	NP		RELION PREMIER BLU MONITOR DEVI	NP	
QUINTET AC BLOOD GLUCOSE DEVI	NP		RELION PREMIER CLASSIC DEVI	NP	
QUINTET BLOOD GLUCOSE SYSTEM DEVI	NP		RELION PREMIER COMPACT SYSTEM KIT	NP	RX/OTC
RA E-ZJECT LANCETS 28G	P	RX/OTC	RELION PREMIER VOICE MONITOR DEVI	NP	
RA E-ZJECT LANCETS THIN 26G	P	RX/OTC	RELION PRIME MONITOR DEVI	NP	
RA E-ZJECT LANCETS THIN 28G	P	RX/OTC	RELION TRUE MET AIR GLUC METER KIT	NP	RX/OTC
RA E-ZJECT LANCETS ULTRA THIN	P	RX/OTC	RELION ULTIMA GLUCOSE SYSTEM KIT	NP	RX/OTC
READYLANCE SAFETY LANCETS	P	RX/OTC	RELION ULTRA THIN LANCETS 30G	P	RX/OTC
REALITY LANCETS	P	RX/OTC	RELION ULTRA THIN PLUS LANCETS	P	RX/OTC
REALITY TRIGGER LANCETS	P	RX/OTC	REXALL BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
REFUAH PLUS MONITORING SYSTEM KIT	NP	RX/OTC	REXALL LANCETS ULTRA THIN 30G	P	RX/OTC
RELION ALL-IN-ONE	NP		RIGHTEST GD500 LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
RELION CONFIRM GLUCOSE MONITOR KIT	NP	RX/OTC	RIGHTEST GL300 LANCETS	P	RX/OTC
RELION LANCET DEVICES 30G	P	QL(1 EA per 180 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RIGHTEST GM100 BLOOD GLUCOSE KIT	NP	RX/OTC	SIMPLE DIAGNOSTICS LANCING DEV MISC	P	QL(1 EA per 180 day(s) retail)
RIGHTEST GM300 BLOOD GLUCOSE KIT	NP	RX/OTC	SINGLE-LET	P	RX/OTC
RIGHTEST GM550 BLOOD GLUCOSE KIT	NP	RX/OTC	SM LANCETS 33G	P	RX/OTC
RIGHTEST GT333 BLOOD GLUCOSE DEVI	NP		SM TRUEDRAW LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
SAFE-T-LANCE	P	RX/OTC	SMART DIABETES VANTAGE LANCING MISC	P	QL(1 EA per 180 day(s) retail)
SAFE-T-LANCE PLUS	NP	RX/OTC	SMART SENSE COLOR LANCETS 33G	P	RX/OTC
SAFETY LANCET 30G/PRESSURE ACT	NP	RX/OTC	SMART SENSE PREMIUM SYSTEM KIT	NP	RX/OTC
SAFETY LANCETS	NP	RX/OTC	SMART SENSE STANDARD LANCETS	P	RX/OTC
SAFETY LANCETS 21G	NP	RX/OTC	SMART SENSE SUPER THIN LANCETS	P	RX/OTC
SAFETY LANCETS 23G	NP	RX/OTC	SMART SENSE THIN LANCETS 26G	P	RX/OTC
SAFETY LANCETS 28G	NP	RX/OTC	SMART SENSE VALUE GLUCOSE SYS KIT	NP	RX/OTC
SAPS HEALTH PLUS LANCETS	NP	RX/OTC	SMARTEST EJECT STARTER KIT	NP	RX/OTC
SAPS HEALTH TWIST TOP LANCETS	NP	RX/OTC	SMARTEST EJECT DEVI	NP	
SAPS TWIST TOP LANCETS	NP	RX/OTC	SMARTEST LANCETS 28G	NP	RX/OTC
SAPSCARE TWIST TOP LANCETS	NP	RX/OTC	SMARTEST PERSONA STARTER KIT	NP	RX/OTC
SB LANCETS THIN	P	RX/OTC	SMARTEST PRONTO STARTER KIT	NP	RX/OTC
SB LANCETS ULTRA THIN	P	RX/OTC	SMARTEST PROTEGE STARTER KIT	NP	RX/OTC
SELECT-LITE DEVICE/LANCETS KIT	P	QL(1 EA per 180 day(s) retail)	SMARTEST PROTEGE DEVI	NP	
SELECT-LITE LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	NP	
SHOPKO AUTOLET LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC
SHOPKO ON-THE-GO LANCETS 30G	NP	RX/OTC	SOLUS V2 LANCETS 28G	NP	RX/OTC
SHOPKO UNILET LANCETS 28G	P	RX/OTC			
SHOPKO UNILET LANCETS 30G	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SOLUS V2 LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	TODAYS HEALTH THIN LANCETS 28G	P	RX/OTC
SOLUS V2 TWIST LANCETS 30G	P	RX/OTC	TODAYS HEALTH THIN LANCETS 30G	P	RX/OTC
STERILANCE TL	P	RX/OTC	TOPCARE LANCETS MICRO-THIN 33G	P	RX/OTC
SUPER THIN LANCETS	P	RX/OTC	TRAVEL LANCETS	NP	RX/OTC
SURE COMFORT LANCETS 18G	P	RX/OTC	TRAVEL LANCETS ADVANCED 28G	NP	RX/OTC
SURE COMFORT LANCETS 21G	P	RX/OTC	TRUE COMFORT SAFETY LANCETS	NP	RX/OTC
SURE COMFORT LANCETS 23G	P	RX/OTC	TRUE COMFORT TWIST TOP LANCETS	NP	RX/OTC
SURE COMFORT LANCETS 28G	P	RX/OTC	TRUE COMFORT TWIST TOP LANCETS	P	RX/OTC
SURE COMFORT LANCETS 30G	P	RX/OTC	TRUE FOCUS BLOOD GLUCOSE METER DEVI	NP	
SURE COMFORT LANCING PEN MISC	P	QL(1 EA per 180 day(s) retail)	TRUE METRIX AIR GLUCOSE METER DEVI	NP	
SURELITE LANCETS	P	RX/OTC	TRUE METRIX AIR GLUCOSE METER KIT	NP	RX/OTC
TECHLITE AST LANCETS	P	RX/OTC	TRUE METRIX GO GLUCOSE METER KIT	NP	RX/OTC
TECHLITE LANCETS	P	RX/OTC	TRUE METRIX LEVEL 1 SOLN	P	QL(1 EA per 90 day(s) retail)
TECHLITE LANCETS 26G	P	RX/OTC	TRUE METRIX LEVEL 2 SOLN	P	QL(1 EA per 90 day(s) retail)
TECHLITE LANCETS 30G	P	RX/OTC	TRUE METRIX LEVEL 3 SOLN	P	QL(1 EA per 90 day(s) retail)
TEMPO REFILL KIT	NP		TRUE METRIX METER DEVI	NP	
TEMPO WELCOME KIT	NP	RX/OTC	TRUE METRIX METER KIT	NP	RX/OTC
TGT BLOOD GLUCOSE MONITORING KIT	NP	RX/OTC	TRUECONTROL GLUCOSE CONT LEV 0 LIQD	P	QL(1 EA per 90 day(s) retail)
TGT LANCET MICRO THIN 33G	P	RX/OTC	TRUECONTROL GLUCOSE CONT LEV 1 LIQD	P	QL(1 EA per 90 day(s) retail)
TGT LANCET THIN 26G	P	RX/OTC	TRUEDRAW LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)
TGT LANCET ULTRA THIN 30G	P	RX/OTC			
TGT LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)			
THINLETS GP LANCETS	P	RX/OTC			
TODAYS HEALTH LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
TRUEPLUS LANCETS 26G	P	RX/OTC	UNILET G.P. LANCET	P	RX/OTC
TRUEPLUS LANCETS 28G	P	RX/OTC	UNILET G.P. SUPERLITE LANCET	P	RX/OTC
TRUEPLUS LANCETS 30G	P	RX/OTC	UNILET GP 28 ULTRA THIN	P	RX/OTC
TRUEPLUS LANCETS 33G	P	RX/OTC	UNILET LANCET	P	RX/OTC
TRUEPLUS SAFETY LANCETS 28G	NP	RX/OTC	UNILET MICRO-THIN 33G	P	RX/OTC
TRUERESULT BLOOD GLUCOSE KIT	NP	RX/OTC	UNILET SUPERLITE LANCET	P	RX/OTC
TRUETRACK BLOOD GLUCOSE DEVI	NP		UNILET SUPER-THIN 30G	P	RX/OTC
TRUETRACK BLOOD GLUCOSE KIT	NP	RX/OTC	UNILET ULTRA-THIN 28G	P	RX/OTC
TRUETRACK SMART SYSTEM KIT	NP	RX/OTC	UNISTIK 3 GENTLE	NP	RX/OTC
TWIST TOP LANCETS 30G	NP	RX/OTC	UNISTIK PRO SAFETY LANCET	P	RX/OTC
ULTI-LANCE AUTOMATIC MISC	P	QL(1 EA per 180 day(s) retail)	UNISTIK SAFETY LANCETS 28G	P	RX/OTC
ULTILET CLASSIC LANCETS	P	RX/OTC	UNISTIK SAFETY LANCETS 30G	P	RX/OTC
ULTILET LANCETS	P	RX/OTC	UNISTIK TOUCH SAFETY LANC 21G	P	RX/OTC
ULTILET LANCETS	NP	RX/OTC	UNISTIK TOUCH SAFETY LANC 23G	P	RX/OTC
ULTILET SAFETY LANCETS	NP	RX/OTC	UNISTIK TOUCH SAFETY LANC 28G	P	RX/OTC
ULTILET SAFETY LANCETS 23G	P	RX/OTC	UNISTIK TOUCH SAFETY LANC 30G	P	RX/OTC
ULTRA THIN LANCETS 31G	P	RX/OTC	UNIVERSAL 1 LANCETS THIN 26G	P	RX/OTC
ULTRA-CARE LANCETS 30G	P	RX/OTC	UNIVERSAL 1 LANCETS THIN 33G	P	RX/OTC
ULTRA-THIN II AUTO LANCET	NP	RX/OTC	UNIVERSAL 1 LANCETS ULTRA THIN	P	RX/OTC
ULTRA-THIN II LANCETS	P	RX/OTC	VALUE PLUS LANCET STANDARD 21G	P	RX/OTC
UNILET COMFORTOUCH LANCET	P	RX/OTC	VALUE PLUS LANCETS SUPER THIN	P	RX/OTC
UNILET EXCELITE	P	RX/OTC	VALUE PLUS LANCETS THIN 26G	P	RX/OTC
UNILET EXCELITE II	P	RX/OTC			

Illinois YouthCare

Updated February 1, 2025

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VALUE PLUS LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	WALGREENS ADV TRAVEL LANCETS	NP	RX/OTC
VALUMARK LANCET SUPER THIN 30G	P	RX/OTC	WALGREENS LANCETS	P	RX/OTC
VALUMARK LANCET ULTRA THIN 28G	P	RX/OTC	WALGREENS LANCETS MICRO THIN	P	RX/OTC
VERASENS BLOOD GLUCOSE METER DEVI	NP		WALGREENS LANCETS SUPER THIN	P	RX/OTC
VERASENS BLOOD GLUCOSE SYSTEM KIT	NP	RX/OTC	WALGREENS THIN LANCETS	P	RX/OTC
VERIFINE SAFE LANCET MINI 21G	NP	RX/OTC	WALGREENS ULTRA THIN LANCETS	P	RX/OTC
VERIFINE SAFE LANCET MINI 23G	NP	RX/OTC	WAVESENSE AMP KIT	NP	RX/OTC
VERIFINE SAFE LANCET MINI 28G	NP	RX/OTC	ZEV RX TWIST TOP LANCETS 30G	P	RX/OTC
VERIFINE SAFE LANCET MINI 30G	NP	RX/OTC	Misc. Devices		
VERIFINE UNIVERSAL LANCETS 28G	NP	RX/OTC	ADVOCATE ALCOHOL PREP PADS	P	RX/OTC
VERIFINE UNIVERSAL LANCETS 30G	NP	RX/OTC	ALCOH-GLOVE CONTOURED WIPE	NP	RX/OTC
VERIFINE UNIVERSAL LANCETS 33G	NP	RX/OTC	ALCOHOL PADS	NP	RX/OTC
V-GO 20 KIT	NP		ALCOHOL PADS	P	RX/OTC
V-GO 30 KIT	NP		ALCOHOL PREP	NP	RX/OTC
V-GO 40 KIT	NP		ALCOHOL PREP	P	RX/OTC
VIDA MIA AUTOLET LANCING DEV MISC	P	QL(1 EA per 180 day(s) retail)	ALCOHOL PREP PADS	P	RX/OTC
VIDA MIA UNILET LANCETS 28G	P	RX/OTC	ALCOHOL SWABS	P	RX/OTC
VIDA MIA UNILET LANCETS 30G	P	RX/OTC	ALCOHOL SWABSTICK	P	RX/OTC
VIVAGUARD INO GLUCOSE METER DEVI	NP		BD SWAB SINGLE USE REGULAR	P	RX/OTC
VIVAGUARD INO SMART GLUC METER DEVI	NP		CARETOUCH ALCOHOL PREP	P	RX/OTC
VIVAGUARD LANCETS	P	RX/OTC	CURITY ALCOHOL PREPS	P	RX/OTC
VIVAGUARD LANCING DEVICE MISC	P	QL(1 EA per 180 day(s) retail)	CVS ALCOHOL PREP PADS	P	RX/OTC
			CVS PREP	P	RX/OTC
			DROPSAFE ALCOHOL PREP	P	RX/OTC
			EASY COMFORT ALCOHOL PADS	NP	RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH ALCOHOL PREP MEDIUM	P	RX/OTC	WEBCOL ALCOHOL PREP MEDIUM	P	RX/OTC
FIFTY50 ALCOHOL PREP	P	RX/OTC	Parenteral Therapy Supplies		
GLOBAL ALCOHOL PREP EASE	P	RX/OTC	1ST TIER UNIFINE PENTIPS	NP	
GNP ALCOHOL SWABS	P	RX/OTC	1ST TIER UNIFINE PENTIPS	NP	QL(5 EA daily)
H-E-B INCONTROL ALCOHOL	P	RX/OTC	1ST TIER UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC
HM STERILE ALCOHOL PREP	P	RX/OTC	1ST TIER UNIFINE PENTIPS PLUS	NP	
PHARMACIST CHOICE ALCOHOL	NP	RX/OTC	ABOUTTIME PEN NEEDLE	NP	QL(5 EA daily)
PHARMACIST CHOICE ALCOHOL	P	RX/OTC	ADVOCATE INSULIN PEN NEEDLES	NP	
PRO COMFORT ALCOHOL	NP	RX/OTC	ADVOCATE INSULIN PEN NEEDLES	NP	QL(5 EA daily)
PURE COMFORT ALCOHOL PREP	NP	RX/OTC	ADVOCATE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
QC ALCOHOL SWABS	P	RX/OTC	AQ INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
RA ALCOHOL SWABS	P	RX/OTC	AQINJECT PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
RELION ALCOHOL SWABS	P	RX/OTC	ASSURE ID DUO PRO PEN NEEDLES	P	QL(5 EA daily); RX/OTC
SAPS CARE ALCOHOL PREP	NP	RX/OTC	ASSURE ID INSULIN SAFETY SYR	NP	RX/OTC
SAPS HEALTH ALCOHOL PREP	NP	RX/OTC	ASSURE ID INSULIN SAFETY SYR	NP	QL(5 EA daily); RX/OTC
SAPS HEALTH CARE ALCOHOL PREP	NP	RX/OTC	ASSURE ID PRO PEN NEEDLES	NP	RX/OTC
SM ALCOHOL PREP	P	RX/OTC	ASSURE ID SAFETY PEN NEEDLES	NP	QL(5 EA daily)
SURE COMFORT ALCOHOL PREP	P	RX/OTC	AUM INSULIN SAFETY PEN NEEDLE	NP	
TRUE COMFORT ALCOHOL PREP PADS	NP	RX/OTC	AUM INSULIN SAFETY PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
TRUE COMFORT PRO ALCOHOL PREP	P	RX/OTC	AUM MINI INSULIN PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
ULTICARE ALCOHOL SWABS	P	RX/OTC	AUM MINI INSULIN PEN NEEDLE	NP	
ULTRA-CARE ALCOHOL PREP PADS	P	RX/OTC	AUM PEN NEEDLE	NP	
WEBCOL ALCOHOL PREP LARGE	P	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AUM PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	BD PEN NEEDLE NANO 2ND GEN	NP	QL(5 EA daily); RX/OTC
AUM READYGARD DUO PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	BD PEN NEEDLE NANO U/F	NP	QL(5 EA daily); RX/OTC
AUM SAFETY PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	BD PEN NEEDLE ORIGINAL U/F	NP	QL(5 EA daily)
AUM SAFETY PEN NEEDLE	NP		BD PEN NEEDLE SHORT U/F	NP	QL(5 EA daily); RX/OTC
AURORA PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	BD PLASTIPAK SYRINGE	P	RX/OTC
AURORA UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC	BD SAFETYGLIDE INSULIN SYRINGE	NP	RX/OTC
BD AUTOSHIELD	NP	QL(5 EA daily)	BD SAFETYGLIDE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
BD AUTOSHIELD	NP		BD SAFETYGLIDE NEEDLE	P	RX/OTC
BD AUTOSHIELD DUO	NP	RX/OTC	BD SAFETYGLIDE SHIELDED NEEDLE	P	
BD ECLIPSE SYRINGE	P	RX/OTC	BD SAFETYGLIDE SYRINGE/NEEDLE	P	RX/OTC
BD ECLIPSE SYRINGE/NEEDLE	P	RX/OTC	BD SAFETY-LOK INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
BD INSULIN SYR ULTRAFINE II	NP	QL(5 EA daily); RX/OTC	BD SYRINGE SLIP TIP	P	
BD INSULIN SYRINGE	NP		BD SYRINGE/NEEDLE	P	RX/OTC
BD INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	BD VEO INSULIN SYR U/F 1/2UNIT	NP	RX/OTC
BD INSULIN SYRINGE HALF-UNIT	NP	QL(5 EA daily); RX/OTC	BD VEO INSULIN SYRINGE U/F	NP	RX/OTC
BD INSULIN SYRINGE MICROFINE	NP	QL(5 EA daily); RX/OTC	BD VEO INSULIN SYRINGE U/F	NP	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F	NP	QL(5 EA daily); RX/OTC	CAREFINE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
BD INSULIN SYRINGE U/F 1/2UNIT	NP	QL(5 EA daily); RX/OTC	CAREONE INSULIN SYRINGE	NP	QL(5 EA daily)
BD INSULIN SYRINGE ULTRAFINE	NP	QL(5 EA daily)	CAREONE UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC
BD INTEGRA SYRINGE	P	RX/OTC	CAREONE UNIFINE PENTIPS PLUS	NP	
BD LUER-LOCK SYRINGE	P	RX/OTC	CAREONE UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC
BD LUER-LOK SYRINGE	P	RX/OTC	CAREPOINT SAFETY1ST SYR/NEEDLE	P	
BD PEN NEEDLE MICRO U/F	NP	QL(5 EA daily)			
BD PEN NEEDLE MINI U/F	NP	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CAREPOINT SYRINGE LUER LOCK	P	RX/OTC	DROPLET INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
CARETOUCH INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	DROPLET INSULIN SYRINGE	NP	RX/OTC
CARETOUCH INSULIN SYRINGE	NP		DROPLET MICRON	NP	
CARETOUCH LUER LOCK	P	RX/OTC	DROPLET PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
CARETOUCH LUER LOCK SYR/NEEDLE	P	RX/OTC	DROPLET PEN NEEDLES	NP	
CARETOUCH PEN NEEDLES	NP		DROPSAFE SAFETY PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
CARETOUCH PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	DROPSAFE SAFETY SYRINGE/NEEDLE	NP	RX/OTC
CLEVER CHOICE COMFORT EZ	NP	QL(5 EA daily); RX/OTC	DROPSAFE SAFETY SYRINGE/NEEDLE	NP	QL(5 EA daily); RX/OTC
CLEVER CHOICE COMFORT EZ	NP		DRUG MART UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC
CLICKFINE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	DRUG MART UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC
COMFORT ASSIST INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	EASY COMFORT INSULIN SYRINGE	NP	
COMFORT EZ INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	EASY COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
COMFORT EZ MICRO PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	EASY COMFORT PEN NEEDLES	NP	
COMFORT EZ PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	EASY COMFORT PEN NEEDLES	P	QL(5 EA daily); RX/OTC
COMFORT EZ PEN NEEDLES	NP		EASY COMFORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
COMFORT EZ PRO PEN NEEDLES	NP	QL(5 EA daily)	EASY GLIDE PEN NEEDLES	NP	
COMFORT EZ PRO PEN NEEDLES	NP		EASY TOUCH FLIPLOCK INSULIN SY	NP	QL(5 EA daily); RX/OTC
COMFORT EZ SHORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	EASY TOUCH FLIPLOCK SAFETY SYR	P	RX/OTC
COMFORT TOUCH INSULIN PEN NEED	NP	QL(5 EA daily); RX/OTC	EASY TOUCH FLURINGE	P	RX/OTC
COMFORT TOUCH INSULIN PEN NEED	NP		EASY TOUCH FLURINGE FLIPLOCK	P	RX/OTC
DIATHRIVE PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	EASY TOUCH FLURINGE SHEATHLOCK	P	RX/OTC
			EASY TOUCH INSULIN SAFETY SYR	NP	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
EASY TOUCH INSULIN SYRINGE	NP	QL(5 EA daily)	GLOBAL EASY GLIDE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
EASY TOUCH PEN NEEDLES	NP	QL(5 EA daily)	GLOBAL INJECT EASE INSULIN SYR	NP	QL(5 EA daily); RX/OTC
EASY TOUCH PEN NEEDLES	NP		GLOBAL INSULIN SYRINGES	NP	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES	NP		GLUCOPRO INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY PEN NEEDLES	NP	QL(5 EA daily)	GNP CLICKFINE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
EASY TOUCH SAFETY SYRINGE	P	RX/OTC	GNP INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	NP	QL(5 EA daily); RX/OTC	GNP INSULIN SYRINGES	NP	QL(5 EA daily); RX/OTC
EASY TOUCH SHEATHLOCK SYRINGE	P	RX/OTC	GNP INSULIN SYRINGES 28GX1/2"	NP	QL(5 EA daily); RX/OTC
EASY TOUCH TB SHEATHLOCK SYR	P		GNP INSULIN SYRINGES 29GX1/2"	NP	QL(5 EA daily); RX/OTC
EASYPPOINT NEEDLE/SYRINGE	P	RX/OTC	GNP INSULIN SYRINGES 30GX5/16"	NP	QL(5 EA daily); RX/OTC
EMBRACE PEN NEEDLES	NP	RX/OTC	GNP INSULIN SYRINGES 31GX5/16"	NP	QL(5 EA daily); RX/OTC
EMBRACE PEN NEEDLES	NP	QL(5 EA daily)	GNP ULTICARE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
EQL INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	GNP ULTIGUARD SAFEPACK NEEDLE	NP	QL(5 EA daily); RX/OTC
FIFTY50 PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	GNP ULTRA COM INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
FIFTY50 SUPERIOR COMFORT SYR	NP	QL(5 EA daily); RX/OTC	GOODSENSE CLICKFINE PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
FLOW-EZE VENTED NEEDLE	P		GOODSENSE PEN NEEDLE PENFINE	NP	QL(5 EA daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIP+	NP	QL(5 EA daily); RX/OTC	HEALTHWISE INSULIN SYR/NEEDLE	NP	QL(5 EA daily); RX/OTC
FREDS PHARMACY UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC	HEALTHWISE MICRON PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
GLOBAL EASE INJECT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	HEALTHWISE MINI PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	NP	RX/OTC	HEALTHWISE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
GLOBAL EASY GLIDE INSULIN SYR	NP	QL(5 EA daily); RX/OTC	HEALTHWISE SHORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
HEALTHWISE UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC	KROGER PEN NEEDLES	NP	
HEALTHY ACCENTS UNIFINE PENTIP	NP	QL(5 EA daily); RX/OTC	LEADER INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
H-E-B INCONTROL PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	LEADER UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC
H-E-B INCONTROL UNIFINE PENTIP	NP		LEADER UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC
H-E-B INCONTROL UNIFINE PENTIP	NP	QL(5 EA daily); RX/OTC	LITETOUCH INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
HM ULTICARE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	LITETOUCH PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
HM ULTICARE MINI PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	LONGS INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
HM ULTICARE SHORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	LUER LOCK SAFETY SYRINGES	P	RX/OTC
INCONTROL ULTICARE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	MAGELLAN INSULIN SAFETY SYR	NP	QL(5 EA daily); RX/OTC
INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	MAGELLAN SYRINGE-SAFETY NEEDLE	P	
INSULIN SYRINGE-NEEDLE U-100	NP		MARATHON MEDICAL PENTIPS	NP	QL(5 EA daily); RX/OTC
INSULIN SYRINGE-NEEDLE U-100	NP	QL(5 EA daily); RX/OTC	MAXICOMFORT II PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
INSUPEN PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	MAXI-COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
INSUPEN PEN NEEDLES	NP		MAXI-COMFORT SAFETY PEN NEEDLE	NP	QL(5 EA daily)
INSUPEN SENSITIVE	NP		MAXI-COMFORT SAFETY PEN NEEDLE	NP	
INSUPEN SENSITIVE	NP	QL(5 EA daily)	MAXICOMFORT SYR 27G X 1/2"	NP	QL(5 EA daily); RX/OTC
INSUPEN ULTRAFIN	NP	QL(5 EA daily)	MEDIC INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
KINRAY INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	MEDICINE SHOPPE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
KMART VALU INSULIN SYRINGE 29G	NP	QL(5 EA daily)	MEIJER PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
KMART VALU INSULIN SYRINGE 30G	NP	QL(5 EA daily)	MICRODOT PEN NEEDLE	NP	
KMART VALU INSULIN SYRINGE 30G	NP		MICRODOT PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
KROGER INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC			
KROGER PEN NEEDLES	NP	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
MM INSULIN SYRINGE/NEEDLE	NP	QL(5 EA daily); RX/OTC	PREVENT DROPSAFE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
MM PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	PREVENT SAFETY PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
MONOJECT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	PRO COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
MONOJECT LIFESHIELD SYRINGE	P	RX/OTC	PRO COMFORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
MONOJECT MAGELLAN SYRINGE	P	RX/OTC	PRODIGY INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
MONOJECT MEDICATION TRANSF NDL	P		PURE COMFORT PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
MONOJECT SYRINGE	P	RX/OTC	PURE COMFORT PEN NEEDLE	NP	
MONOJECT ULTRA COMFORT SYRINGE	NP	QL(5 EA daily); RX/OTC	PURE COMFORT SAFETY PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
MS INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	PX EXTRA SHORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
NOVOFINE AUTOCOVER PEN NEEDLE	NP	QL(5 EA daily)	PX INSULIN SYRINGE	NP	QL(5 EA daily)
NOVOFINE PEN NEEDLE	NP	QL(5 EA daily)	PX MINI PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
NOVOFINE PLUS PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	PX PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
PC UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC	PX SHORTLENGTH PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
PEN NEEDLES	NP	RX/OTC	QC PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	QC UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC
PEN NEEDLES 5/16"	NP	QL(5 EA daily); RX/OTC	RA INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
PENTIPS	NP	QL(5 EA daily); RX/OTC	RA PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
PENTIPS GENERIC PEN NEEDLES	NP	QL(5 EA daily)	RAYA SURE PEN NEEDLE	NP	
PIP PEN NEEDLES 31G X 5MM	NP	QL(5 EA daily); RX/OTC	RAYA SURE PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
PIP PEN NEEDLES 32G X 4MM	NP	QL(5 EA daily); RX/OTC	REALITY INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
PRECISION SURE-DOSE SYRINGE	NP	QL(5 EA daily); RX/OTC	RELION INSULIN SYRINGE	NP	RX/OTC
PREFERRED PLUS INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	RELION INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
PREFERRED PLUS UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
RELION MINI PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	TODAYS HEALTH PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
RELION PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	TODAYS HEALTH SHORT PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
RELION SHORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	TOPCARE CLICKFINE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
SAFETY PEN NEEDLES	NP	RX/OTC	TOPCARE ULTRA COMFORT INS SYR	NP	QL(5 EA daily); RX/OTC
SAFETY PEN NEEDLES	NP	QL(5 EA daily)	TRUE COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
SB INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	TRUE COMFORT INSULIN SYRINGE	NP	
SECURESAFE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	TRUE COMFORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
SECURESAFE SAFETY PEN NEEDLES	NP	QL(5 EA daily)	TRUE COMFORT PRO INSULIN SYR	NP	QL(5 EA daily); RX/OTC
SECURESAFE SYRINGE/NEEDLE	P	RX/OTC	TRUE COMFORT PRO INSULIN SYR	NP	
SHOPKO UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
SHOPKO UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC	TRUE COMFORT PRO PEN NEEDLES	NP	
SURE COMFORT INSULIN SYRINGE	NP		TRUE COMFORT PRO PEN NEEDLES	NP	
SURE COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	TRUEPLUS 5-BEVEL PEN NEEDLES	P	QL(5 EA daily)
SURE COMFORT PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	TRUEPLUS INSULIN SYRINGE	P	QL(5 EA daily); RX/OTC
SYRINGE LUER LOCK	P	RX/OTC	TRUEPLUS PEN NEEDLES	P	QL(5 EA daily); RX/OTC
SYRINGE LUER SLIP	P	RX/OTC	ULTICARE INSULIN SAFETY SYR	NP	QL(5 EA daily); RX/OTC
SYRINGE/HYPODERMIC SAFETY	P	RX/OTC	ULTICARE INSULIN SYR 1/2 UNIT	NP	
TECHLITE INSULIN SYRINGE	NP	RX/OTC	ULTICARE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
TECHLITE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	ULTICARE INSULIN SYRINGE	NP	
TECHLITE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	ULTICARE MICRO PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
TECHLITE PEN NEEDLES	NP		ULTICARE MINI PEN NEEDLES	NP	RX/OTC
TECHLITE PLUS PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	ULTICARE MINI PEN NEEDLES	NP	QL(5 EA daily)
TODAYS HEALTH MINI PEN NEEDLES	NP	QL(5 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ULTICARE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	UNIFINE PENTIPS	NP	RX/OTC
ULTICARE SHORT PEN NEEDLES	NP	QL(5 EA daily)	UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC
ULTICARE SYRINGE	P	RX/OTC	UNIFINE PENTIPS PLUS	NP	
ULTICARE TUBERCULIN SAFETY SYR MISC	P		UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC
ULTIGUARD SAFEPACK PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	UNIFINE PROTECT PEN NEEDLE	NP	RX/OTC
ULTIGUARD SAFEPACK SYR/NEEDLE	NP	QL(5 EA daily)	UNIFINE PROTECT PEN NEEDLE	P	QL(5 EA daily)
ULTILET PEN NEEDLE	NP	QL(5 EA daily)	UNIFINE SAFECONTROL PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
ULTRA COMFORT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	UNIFINE SAFECONTROL PEN NEEDLE	NP	RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	UNIFINE ULTRA PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN PEN NEEDLES	NP		VALUE HEALTH INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN SYR 1/2 UNIT	NP	QL(5 EA daily); RX/OTC	VALUMARK PEN NEEDLES	NP	QL(5 EA daily); RX/OTC
ULTRA FLO INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	VANISHPOINT INSULIN SYRINGE	NP	
ULTRA THIN PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	VANISHPOINT INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
ULTRACARE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	VANISHPOINT SAFETY SYRINGE	P	
ULTRACARE PEN NEEDLES	NP		VANISHPOINT SYRINGE	P	RX/OTC
ULTRACARE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	VANISHPOINT TUBERCULIN SYRINGE MISC	P	
ULTRA-THIN II INS SYR SHORT	NP	QL(5 EA daily); RX/OTC	VERIFINE INSULIN PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
ULTRA-THIN II INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	VERIFINE INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
ULTRA-THIN II MINI PEN NEEDLE	NP	QL(5 EA daily); RX/OTC	VERIFINE PLUS PEN NEEDLE	NP	QL(5 EA daily); RX/OTC
ULTRA-THIN II PEN NEEDLE SHORT	NP	QL(5 EA daily); RX/OTC	VIDA MIA UNIFINE PENTIPS	NP	QL(5 EA daily); RX/OTC
ULTRA-THIN II PEN NEEDLES	NP	QL(5 EA daily)	VP INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC
UNIFINE PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	WEGMANS UNIFINE PENTIPS PLUS	NP	QL(5 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZEV RX INSULIN SYRINGE	NP	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU LARGE MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
ZEV RX PEN NEEDLES	NP	QL(5 EA daily); RX/OTC	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
Respiratory Therapy Supplies			AEROCHAMBER PLUS FLO-VU MEDIUM MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
ACE AEROSOL CLOUD ENHANCER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
ACTIVITY POUCH MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLO-VU SMALL MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
ADAPTER PED DISPOSABLE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLO-VU W/MASK MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
ADULT AEROSOL MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLO-VU MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
ADULT DISPOSABLE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	AEROCHAMBER PLUS FLOW VU MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
ADULT MASK LARGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER W/FLOWSIGNAL MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
ADULT MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS CHAMBR MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROBIKA DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/LARGE MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/MEDIUM MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER MINI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS/SMALL MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER MV MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROCHAMBER Z-STAT PLUS MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLS FLOVU MTHPIECE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROECLIPSE EZ TWIST TUBING MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU INTERM DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	AEROECLIPSE MASK LARGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
AEROCHAMBER PLUS FLO-VU LARGE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
AEROECLIPSE MASK MEDIUM MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	BREATHE EASE MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
AEROECLIPSE MASK SMALL MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	BREATHE EASE NEB MASK/CHILD MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
AEROTRACH PLUS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	BREATHE EASE NEB MASK/INFANT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
AEROVENT PLUS DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	BREATHE EASE SMALL DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
AIRS PEDIATRIC AEROSOL MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	BREATHERITE VALVED MDI CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	BUBBLES THE FISH II PEDI MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ALL FLOW 1000 PFT FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	CARETOUCH 2 CPAP HOSE HANGER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ALL FLOW 2000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	CARETOUCH CPAP & BIPAP HOSE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ALL FLOW 3000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	CARETOUCH CPAP MASK WIPES MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ALL FLOW 4000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	CARETOUCH CPAP PRE-WASH SOLN MISC	P	QL(1 ML per 360 day(s) retail); RX/OTC
ALL FLOW 5000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	CARETOUCH CPAP TUBE BRUSH MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ALL FLOW 6000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	CARETOUCH UNIVERSL CPAP FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ALL FLOW 7000 PFT FILTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	CLEVER CHOICE HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/ADULT DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	CO MONITOR REPLACEMENT PIECES MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
BREATHE COMFORT CHAMBER/CHILD DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	CO MONITOR DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
BREATHE EASE LARGE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	COMPACT SPACE CHAMBER/LG MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
COMPACT SPACE CHAMBER/MED MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	EASY FLOW BLACK/ORANGE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER/SM MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	EASY FLOW BLACK/RED DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
COMPACT SPACE CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	EASY FLOW BLACK/WHITE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
DISPOSABLE FULL RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	EASY FLOW BLACK/YELLOW DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
DISPOSABLE LOW RANGE/PEDIATRIC MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	EASY FLOW HEPA FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
DISPOSABLE LOW RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	EASY FLOW WHITE/BLUE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
DISPOSABLE PAPER MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	EASY FLOW WHITE/GREEN DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
DISPOSABLE UNIVERSAL RANGE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	EASY FLOW WHITE/PINK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK LARGE MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	EASY FLOW WHITE/WHITE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK MEDIUM MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	EASY FLOW WHITE/YELLOW DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASIVENT MASK SMALL MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	EBASE CONTROLLER KIT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
EASIVENT MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC L DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW 300 MM HOSE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC M DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW 400 MM HOSE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC S DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW AIR NOZZLE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	EQ SPACE CHAMBER ANTI-STATIC DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
EASY FLOW BLACK/BLUE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	EXPIRATORY MOUTHPIECE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
FILTER AIR PP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	KOKO PEAK PRO MOUTHPIECE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
FLEXICHAMBER ADULT MASK/SMALL	P	QL(1 EA per 360 day(s) retail); RX/OTC	LITETOUCH MASK LARGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/LARGE	P	QL(1 EA per 360 day(s) retail); RX/OTC	LITETOUCH MASK MEDIUM MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER CHILD MASK/SMALL	P	QL(1 EA per 360 day(s) retail); RX/OTC	LITETOUCH MASK SMALL MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
FLEXICHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	MASK VORTEX/CHILD/FROG	P	QL(1 EA per 360 day(s) retail); RX/OTC
FLYP HYPERSONIQ CARTRIDGE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	MASK VORTEX/TODDLER/LAD YBUG	P	QL(1 EA per 360 day(s) retail); RX/OTC
FULL KIT NEBULIZER SET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	MICROCHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
HUDSON RCI AEROSOL MASK ADULT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	MICROCHAMBER MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
IN-CHECK DIAL FLOW TRAINER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	MICROSPACER MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC
IN-CHECK INSPIRATORY FLOW MTR DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	MINIELITE FILTER REPLACEMENTS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
INNOSPIRE REPLACEMENT FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	NEBULIZER AIR TUBE/PLUGS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/LARGE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	NEBULIZER CUP/TUBING DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/MEDIUM DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	NEBULIZER MASK ADULT/TUBING MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/MOUTHPIECE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	NEBULIZER MASK ADULT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
INSPIRACHAMBER/SMALL DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	NEBULIZER MASK CHILD MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
INSPIREASE MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	NEBULIZER MASK PED/TUBING MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
NOSE CLIP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PARI BABY CONVERSION KIT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
OMBRA COMPRESSOR AIR FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PARI BUBBLES PEDIATRIC MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
OMBRA TABLE TOP COMPRESSOR DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	PARI ERAPID NEBULIZER HANDSET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ONE FLOW SPIROMETER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	PARI EXPIRATORY FILTER SET DEVI	P	QL(1 EA per 360 day(s) retail); RX/OTC
ONE FLOW TESTER MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	PARI MANUAL INTERRUPTER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
ONE-WAY VALVED EXPIRATORY MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	PARI MASK SET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
ONE-WAY VALVED INSPIRATORY MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC	PARI SMARTMASK BABY/ELBOW MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	PARI SOFT PLASTIC ADULT MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-LG MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	PARI SOFT PLASTIC PED MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-MD MASK MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	PARI TREK S COMBO PACK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	PARI VORTEX ADULT MASK	P	QL(1 EA per 360 day(s) retail); RX/OTC
OPTICHAMBER DIAMOND-SM MASK MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	PED DISPOSABLE MISC	P	QL(1 EA per 180 day(s) retail); RX/OTC
PANDA MASK LARGE	P	QL(1 EA per 360 day(s) retail); RX/OTC	PEDIATRIC MOUTHPIECE MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PANDA MASK MEDIUM	P	QL(1 EA per 360 day(s) retail); RX/OTC	PEDIATRIC PANDA MASK	P	QL(1 EA per 360 day(s) retail); RX/OTC
PANDA MASK SMALL	P	QL(1 EA per 360 day(s) retail); RX/OTC	PFLEX MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PARI ALTERA NEBULIZER HANDSET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	PHARMACIST CHOICE MASK WIPES MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC

Illinois YouthCare

Updated February 1, 2025

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PILLOW MASK/ADULT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	REPLACEMENT FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PILLOW MASK/CHILD MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK-LRG MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PILLOW MASK/PEDIATRIC MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK-MED MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
POCKET CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	REUSABLE COMFORTSEAL MASK-SML MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
POCKET SPACER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	RITEFLO DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER ADULT MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	SAMI THE SEAL FILTERS MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER CHILD MISC	P	QL(2 EA per 360 day(s) retail); RX/OTC	SIDESTREAM ADULT FACE MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PRO COMFORT SPACER INFANT DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	SIDESTREAM PEDIATRIC FACE MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/ADULT MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	SIDESTREAM PLS ADULT FACE MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PROCARE SPACER/CHILD MASK DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	SILICONE MASK/ADULT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PROCHAMBER VHC DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	SILICONE MASK/INFANT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PRONEB ULTRA FILTER SET MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	SILICONE MASK/PEDIATRIC MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PURE COMFORT 3-BALL BREATHE EX DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 ADULT MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
PURE COMFORT SPACER CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 CHILD MASK MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
QUAKE DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MED CUP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC
REPLACEMENT AIR FILTER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	SOOTHENEB NBL 100 MESH CAP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SPIRO PD DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	NURTEC	P	PA
THRESHOLD IMT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	QULIPTA	P	PA
THRESHOLD PEP DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	UBRELVY PO	P	PA
TUBING/WING TIP MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	VYEPTI	NP	SP
ULTRA NEB ACCESSORIES KIT MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	ZAVZPRET	NP	
VERSAPAP W/UNIVERSAL TUBING DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	Migraine Combinations		
VERSAPAP DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	<i>ergotamine w/ caffeine SUPP PR</i>	P	
VORTEX HOLD CHMBR/MASK/CHILD DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	<i>sumatriptan-naproxen sodium PO</i>	NP	
VORTEX HOLD CHMBR/MASK/TODDLER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	Migraine Products		
VORTEX VALVED HOLDING CHAMBER DEVI	P	QL(2 EA per 360 day(s) retail); RX/OTC	<i>dihydroergotamine mesylate SOLN NA 4 MG/ML</i>	NP	
WINDMILL TRAINER MISC	P	QL(1 EA per 360 day(s) retail); RX/OTC	MIGRANAL SOLN NA (Use <i>dihydroergotamine mesylate</i>)	NP	
MIGRAINE PRODUCTS - Drugs to Treat Migraine Headaches			TRUDHESA	NP	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antag			Migraine Products - NSAIDs		
AIMOVIG	P	SP; PA	<i>diclofenac potassium (migraine) PO</i>	NP	
AJOVY SOAJ	P	SP; PA	ELYXYB	NP	
AJOVY SOSY	P	SP; PA	Serotonin Agonists		
EMGALITY (300 MG DOSE) SOSY	P	SP; PA	<i>almotriptan malate PO</i>	NP	
EMGALITY SOAJ	P	SP; PA	<i>eletriptan hydrobromide PO</i>	NP	QL(6 EA per 30 day(s) retail)
EMGALITY SOSY	P	SP; PA	FROVA PO (Use <i>frovatriptan succinate</i>)	NP	
			<i>frovatriptan succinate PO</i>	NP	
			IMITREX 5 MG/ACT, 20 MG/ACT (Use <i>sumatriptan</i>)	NP	QL(6 EA per 30 day(s) retail)
			IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ML per 30 day(s) retail)
			IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(3 ML per 30 day(s) retail)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(3 ML per 30 day(s) retail)	<i>sumatriptan succinate SOLN 6 MG/0.5ML</i>	P	QL(2.5 ML per 30 day(s) retail); 1 max fill(s) per 30 day(s) retail
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use <i>sumatriptan succinate</i>)	NP	QL(2 ML per 30 day(s) retail)	<i>sumatriptan succinate TABS PO</i>	P	QL(9 EA per 30 day(s) retail)
IMITREX TABS PO (Use <i>sumatriptan succinate</i>)	NP	QL(9 EA per 30 day(s) retail)	TOSYMRA	NP	
MAXALT-MLT TBDP PO 10 MG (Use <i>rizatriptan benzoate</i>)	NF		ZEMBRACE SYMTOUCH SOAJ	NP	
MAXALT-MLT TBDP PO 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail)	<i>zolmitriptan SOLN 5 MG</i>	NP	QL(6 EA per 30 day(s) retail)
MAXALT TABS PO 10 MG (Use <i>rizatriptan benzoate</i>)	NP	QL(12 EA per 30 day(s) retail)	<i>zolmitriptan SOLN 2.5 MG</i>	NP	
MAXALT TABS PO 10 MG (Use <i>rizatriptan benzoate</i>)	NF		<i>zolmitriptan TABS PO</i>	NP	QL(6 EA per 30 day(s) retail)
<i>naratriptan hcl PO</i>	NP	QL(9 EA per 30 day(s) retail)	<i>zolmitriptan TBDP PO</i>	NP	QL(6 EA per 30 day(s) retail)
RELPAX PO 40 MG (Use <i>eletriptan hydrobromide</i>)	NF		ZOMIG SOLN 2.5 MG (Use <i>zolmitriptan</i>)	NP	
RELPAX PO (Use <i>eletriptan hydrobromide</i>)	NP	QL(6 EA per 30 day(s) retail)	ZOMIG SOLN 5 MG (Use <i>zolmitriptan</i>)	NP	QL(6 EA per 30 day(s) retail)
REYVOW	NP		ZOMIG SOLN (Use <i>zolmitriptan</i>)	NF	
<i>rizatriptan benzoate TABS PO</i>	P	QL(12 EA per 30 day(s) retail)	MINERALS & ELECTROLYTES		
<i>rizatriptan benzoate TBDP PO</i>	P	QL(12 EA per 30 day(s) retail)	Calcium		
<i>sumatriptan</i>	P	QL(6 EA per 30 day(s) retail)	CALCIUM CARBONATE CHEW PO	P	
<i>sumatriptan succinate SOAJ 4 MG/0.5ML</i>	P	QL(3 ML per 30 day(s) retail)	<i>calcium carbonate-cholecalciferol TABS PO 200 UNIT-600 MG, 5 MCG-600 MG</i>	P	
<i>sumatriptan succinate SOAJ 6 MG/0.5ML</i>	P	QL(2 ML per 30 day(s) retail)	Electrolyte Mixtures		
<i>sumatriptan succinate SOCT 6 MG/0.5ML</i>	P	QL(2 ML per 30 day(s) retail)	BIOLYTE SOLN PO	P	
<i>sumatriptan succinate SOCT 4 MG/0.5ML</i>	P	QL(3 ML per 30 day(s) retail)	CERASPORT EX1 SOLN PO	P	
			CERASPORT SOLN PO	P	
			ENFAMIL ENFALYTE SOLN PO	P	
			EQUALYTE SOLN PO (Use <i>oral electrolytes</i>)	NF	
			FT ELECTROLYTE SOLN PO	P	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
GOODSENSE ELECTROLYTE ADV CARE SOLN PO	P		K-PHOS-NEUTRAL PO <i>(Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic)</i>	NF	QL(8 EA daily)
HYDRALYTE FREEZER POPS SOLN PO	P		<i>pot phosphate monobasic w/ sod phosphate dibasic & monobasic PO</i>	P	QL(8 EA daily)
HYDRALYTE SOLN PO	P		Potassium		
KINDERLYTE PREMAX SOLN PO	P		K-TAB TBCR PO 10 MEQ, 20 MEQ <i>(Use potassium chloride)</i>	NF	
KINDERLYTE SOLN PO	P		<i>potassium bicarbonate TBEF PO</i>	P	
<i>oral electrolytes SOLN PO</i>	P		<i>potassium chloride microencapsulated crystals er PO</i>	P	
PEDIALYTE ADVANCED CARE SOLN PO <i>(Use oral electrolytes)</i>	NF		<i>potassium chloride CPCR PO 10 MEQ</i>	P	
PEDIALYTE FREEZER POPS SOLN PO <i>(Use oral electrolytes)</i>	NF		<i>potassium chloride CPCR PO 8 MEQ</i>	P	QL(1 EA daily)
PEDIALYTE IMMUNE SUPPORT SOLN PO	P		<i>potassium chloride PACK PO 20 MEQ</i>	P	
PEDIALYTE SINGLES SOLN PO <i>(Use oral electrolytes)</i>	NF		<i>potassium chloride SOLN PO 10 %, 20 %, 10 %</i>	P	
PEDIALYTE SOLN PO <i>(Use oral electrolytes)</i>	NF		<i>potassium chloride TBCR PO 8 MEQ, 10 MEQ</i>	P	
TRUELYTE SOLN PO	P		Sodium		
Fluoride			<i>sodium chloride flush</i>	P	
<i>sodium fluoride CHEW PO</i>	P		SODIUM CHLORIDE FLUSH	P	
<i>sodium fluoride SOLN PO</i>	P		<i>sodium chloride SOLN IV 0.9 %</i>	P	
SOLUVITA SOLN PO	P	RX/OTC	SODIUM CHLORIDE SOLN IV 0.9 %	P	
Magnesium			MISCELLANEOUS THERAPEUTIC CLASSES		
MAG-200 TABS PO <i>(Use magnesium oxide (mg supplement))</i>	NF		Chelating Agents		
<i>magnesium oxide (mg supplement) TABS PO</i>	P		CUPRIMINE CAPS PO <i>(Use penicillamine)</i>	NP	
<i>magnesium TABS PO 400 MG</i>	P		CUVRIOR	NP	SP
MAGOX 400 TABS PO <i>(Use magnesium oxide (mg supplement))</i>	NF		Phosphate		

Illinois YouthCare

Updated February 1, 2025

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
DEPEN TITRATABS TABS PO (<i>Use penicillamine</i>)	P		IMURAN TABS PO (<i>Use azathioprine</i>)	NP	
<i>penicillamine CAPS PO</i>	P		LUPKYNIS	NP	SP
<i>penicillamine TABS PO</i>	P		<i>mycophenolate mofetil CAPS PO</i>	P	QL(2 EA daily)
SYPRINE PO (<i>Use trientine hcl</i>)	NP	SP	<i>mycophenolate mofetil SUSR</i>	P	QL(15 ML daily)
<i>trientine hcl PO</i>	P	SP	<i>mycophenolate mofetil TABS PO</i>	P	QL(4 EA daily)
Immunomodulators			<i>mycophenolate sodium PO 360 MG</i>	P	QL(4 EA daily)
JOENJA	NP		<i>mycophenolate sodium PO 180 MG</i>	P	QL(2 EA daily)
<i>lenalidomide PO</i>	NP	SP	MYFORTIC PO 360 MG (<i>Use mycophenolate sodium</i>)	NP	QL(4 EA daily)
REVLIMID PO	NP	SP	MYFORTIC PO 180 MG (<i>Use mycophenolate sodium</i>)	NP	QL(2 EA daily)
REZUROCK	NP	SP	NEORAL CAPS PO (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	QL(4 EA daily)
RYSTIGGO 280 MG/2ML	NP	SP	NEORAL SOLN PO (<i>Use cyclosporine modified (for microemulsion)</i>)	NP	QL(8 ML daily)
THALOMID PO	NP	SP	PROGRAF CAPS PO (<i>Use tacrolimus</i>)	NP	QL(3 EA daily)
VYVGART	NP	SP	PROGRAF PACK	NP	
VYVGART HYTRULO	NP	SP	RAPAMUNE SOLN (<i>Use sirolimus</i>)	NP	
Immunosuppressive Agents			RAPAMUNE TABS PO (<i>Use sirolimus</i>)	NP	
ASTAGRAF XL CP24	NP		SANDIMMUNE CAPS PO (<i>Use cyclosporine</i>)	NP	
<i>azathioprine TABS PO 50 MG</i>	P		SANDIMMUNE SOLN PO 100 MG/ML	P	
<i>azathioprine TABS PO 75 MG, 100 MG</i>	NP	QL(3 EA daily)	<i>sirolimus SOLN</i>	P	
CELLCEPT CAPS PO (<i>Use mycophenolate mofetil</i>)	NP	QL(2 EA daily)	<i>sirolimus TABS PO</i>	P	
CELLCEPT SUSR (<i>Use mycophenolate mofetil</i>)	NP	QL(15 ML daily)	<i>tacrolimus CAPS PO</i>	P	QL(3 EA daily)
CELLCEPT TABS PO (<i>Use mycophenolate mofetil</i>)	NP	QL(4 EA daily)	ZORTRESS (<i>Use everolimus (immunosuppressant)</i>)	NP	
<i>cyclosporine modified (for microemulsion) CAPS PO</i>	P	QL(4 EA daily)			
<i>cyclosporine modified (for microemulsion) SOLN PO</i>	P	QL(8 ML daily)			
<i>cyclosporine CAPS PO</i>	P				
ENVARUSUS XR TB24	NP				
<i>everolimus (immunosuppressant)</i>	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Potassium Removing Agents			PREVIDENT GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(672 GM per fill retail)
LOKELMA	NP		<i>sodium fluoride (dental) CREA</i>	NP	QL(102 GM per fill retail)
<i>sodium polystyrene sulfonate POWD PO</i>	P	QL(454 GM per fill retail)	<i>sodium fluoride (dental) GEL</i>	NP	QL(672 GM per fill retail)
<i>sodium polystyrene sulfonate SUSP CO 15 GM/60ML</i>	NP		<i>sodium fluoride (dental) PSTE DT</i>	NP	
VELTASSA PO 8.4 GM, 16.8 GM, 25.2 GM	NP		<i>sodium fluoride (dental) SOLN 0.2 %</i>	NP	
Systemic Lupus Erythematosus Agents			SODIUM FLUORIDE 5000 ENAMEL GEL	NP	
BENLYSTA SOAJ	NP	SP	SODIUM FLUORIDE 5000 SENSITIVE GEL	NP	
BENLYSTA SOSY	NP	SP	Steroids - Mouth/Throat/Dental		
MOUTH/THROAT/DENTAL AGENTS			<i>triamcinolone acetonide (mouth)</i>	P	QL(5 GM per fill retail)
Anesthetics Topical Oral			Throat Products - Misc.		
<i>lidocaine hcl (mouth-throat) 2 %</i>	P	QL(100 ML per fill retail)	AQUORAL SOLN	NP	RX/OTC
<i>lidocaine hcl (mouth-throat) 4 %</i>	P		<i>cevimeline hcl PO</i>	NP	
Anti-infectives - Throat			EVOXAC PO (<i>Use cevimeline hcl</i>)	NP	
<i>clotrimazole</i>	P		<i>pilocarpine hcl (oral) PO 5 MG</i>	P	QL(6 EA daily)
NYSTATIN (<i>Use nystatin (mouth-throat)</i>)	NF		<i>pilocarpine hcl (oral) PO 7.5 MG</i>	P	
<i>nystatin (mouth-throat)</i>	P	QL(120 ML per fill retail)	MULTIVITAMINS		
ORAVIG	NP		B-Complex w/ Folic Acid		
Antiseptics - Mouth/Throat			<i>b-complex w/ c & folic acid CAPS PO</i>	P	QL(1 EA daily); RX/OTC
<i>chlorhexidine gluconate (mouth-throat)</i>	P		<i>b-complex w/ c & folic acid TABS PO</i>	P	QL(1 EA daily); RX/OTC
PERIDEX (<i>Use chlorhexidine gluconate (mouth-throat)</i>)	NF		Multiple Vitamins w/ Calcium		
Dental Products			<i>multiple vitamins w/ calcium TABS PO</i>	P	QL(1 EA daily)
PREVIDENT 5000 DRY MOUTH GEL (<i>Use sodium fluoride (dental)</i>)	NF	QL(672 ML per fill retail)	ONE-A-DAY WOMENS FORMULA TABS PO (<i>Use multiple vitamins w/ calcium</i>)	NF	QL(1 EA daily)
PREVIDENT 5000 KIDS PSTE DT (<i>Use sodium fluoride (dental)</i>)	NF				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
SM ONE DAILY ESSENTIAL TABS PO	P	QL(1 EA daily)	ALIVE MENS 50+ MULTI GUMMY CHEW PO	P	QL(1 EA daily)
Multiple Vitamins w/ Iron			ALIVE MENS 50+ TABS PO	P	QL(1 EA daily); RX/OTC
<i>multiple vitamins w/ iron TABS PO</i>	P	QL(1 EA daily)	ALIVE MENS COMPLETE MULTI TABS PO	P	QL(1 EA daily); RX/OTC
TAB-A-VITE/IRON/BETA CAROTENE TABS PO	P	QL(1 EA daily)	ALIVE MENS GUMMY MULTIVITAMINS CHEW PO	P	QL(1 EA daily)
Multiple Vitamins w/ Minerals			ALIVE MULTI-VITAMIN CHEW PO	P	QL(1 EA daily)
ABC COMPLETE SENIOR 50+ TABS PO	P	QL(1 EA daily); RX/OTC	ALIVE ONCE DAILY WOMENS TABS PO	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR MENS 50+ TABS PO	P	QL(1 EA daily); RX/OTC	ALIVE ULTRA POTENCY WOMENS 50+ TABS PO	P	QL(1 EA daily); RX/OTC
ABC COMPLETE SENIOR WOMENS 50+ TABS PO	P	QL(1 EA daily); RX/OTC	ALIVE WOMENS 50+ COMPLETE MV TABS PO	P	QL(1 EA daily); RX/OTC
ADEK GUMMIES PLUS ZN CHEW PO	P	QL(1 EA daily)	ALIVE WOMENS 50+ GUMMY CHEW PO	P	QL(1 EA daily)
ADULT ONE DAILY GUMMIES CHEW PO	P	QL(1 EA daily)	ALIVE WOMENS 50+ CHEW PO	P	QL(1 EA daily)
ADVANCED DIABETIC MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC	ALIVE WOMENS ENERGY TABS PO	P	QL(1 EA daily); RX/OTC
AIRBORNE ELDERBERRY CHEW PO 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG	P	QL(1 EA daily)	ALIVE WOMENS GUMMY CHEW PO	P	QL(1 EA daily)
AIRBORNE KIDS CHEW PO	P	QL(1 EA daily)	ANTIOXIDANT FORMULA TABS PO	P	QL(1 EA daily); RX/OTC
AIRBORNE+GOOD REST CHEW PO	P	QL(1 EA daily)	AZO HORMONAL HEALTH CYCLE CARE TABS PO	P	QL(1 EA daily); RX/OTC
AIRBORNE+PROBIOTIC CHEW PO	P	QL(1 EA daily)	AZO HORMONAL HEALTH HAPPY CYCL TABS PO	P	QL(1 EA daily); RX/OTC
AIRBORNE CHEW PO	P	QL(1 EA daily)	BACMIN TABS PO	P	QL(1 EA daily); RX/OTC
ALGAE BASED CALCIUM TABS PO	P	QL(1 EA daily); RX/OTC	BARIATRIC FUSION CHEW PO	P	QL(1 EA daily)
ALIVE ADULT PREMIUM CHEW PO	P	QL(1 EA daily)	BARIATRIC MULTIVITAMIN/IRON CHEW PO	P	QL(1 EA daily)
ALIVE DIABETIC MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC	BARIATRIC MULTIVITAMINS/IRON CHEW PO	P	QL(1 EA daily)
ALIVE ENERGY 50+ TABS PO	P	QL(1 EA daily); RX/OTC			
ALIVE HAIR, SKIN & NAILS CHEW PO	P	QL(1 EA daily)			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
BARIATRIC MULTIVITAMINS CHEW PO	P	QL(1 EA daily)	CENTRUM FLAVOR BURST ADULT CHEW PO	P	QL(1 EA daily)
BASIC AM TABS PO	P	QL(1 EA daily); RX/OTC	CENTRUM FLAVOR BURST CHEW PO	P	QL(1 EA daily)
BASIC PM TABS PO	P	QL(1 EA daily); RX/OTC	CENTRUM FRESH/FRUITY 50+ CHEW PO	P	QL(1 EA daily)
BONEUP VEGETARIAN TABS PO	P	QL(1 EA daily); RX/OTC	CENTRUM FRESH/FRUITY ADULT CHEW PO	P	QL(1 EA daily)
CAL-DAY 1000 TABS PO	P	QL(1 EA daily); RX/OTC	CENTRUM MEN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 18 CHEW PO	P	QL(1 EA daily)	CENTRUM MEN TABS PO	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 36 CHEW PO	P	QL(1 EA daily)	CENTRUM MEN TABS PO	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 45 CHEW PO	P	QL(1 EA daily)	CENTRUM MEN TABS PO	P	QL(1 EA daily); RX/OTC
CELEBRATE MULTI-COMplete 60 CHEW PO	P	QL(1 EA daily)	CENTRUM MEN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC
CENTRAVITES 50 PLUS TABS PO	P	QL(1 EA daily); RX/OTC	CENTRUM MINIS ADULTS 50+ TABS PO	P	QL(1 EA daily); RX/OTC
CENTRAVITES 50 PLUS TABS PO	P	QL(1 EA daily); RX/OTC	CENTRUM MINIS MEN 50+ TABS PO	P	QL(1 EA daily); RX/OTC
CENTRAVITES ADULTS TABS PO	P	QL(1 EA daily); RX/OTC	CENTRUM MINIS WOMEN 50+ TABS PO	P	QL(1 EA daily); RX/OTC
CENTRAVITES ADULTS TABS PO	P	QL(1 EA daily); RX/OTC	CENTRUM MULTI + OMEGA 3 CHEW PO	P	QL(1 EA daily)
CENTRUM ADULT 50+ MULTIGUMMIES CHEW PO	P	QL(1 EA daily)	CENTRUM SILVER 50+MEN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC
CENTRUM ADULTS MULTIGUMMIES CHEW PO	P	QL(1 EA daily)	CENTRUM SILVER 50+MEN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC
CENTRUM ADULTS TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	CENTRUM SILVER 50+WOMEN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC
CENTRUM ADULTS TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC			
CENTRUM CARDIO TABS PO	P	QL(1 EA daily); RX/OTC			
CENTRUM CARDIO TABS PO	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
CENTRUM SILVER ADULT 50+ TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	CENTRUM WOMEN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER ADULT 50+ TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	CERTAVITE SENIOR/ANTIOXIDANT TABS PO	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER ULTRA WOMENS TABS PO	P	QL(1 EA daily); RX/OTC	CERTAVITE SENIOR TABS PO	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER WOMEN 50+ TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	CERTAVITE/ANTIOXIDANTS TABS PO	P	QL(1 EA daily); RX/OTC
CENTRUM SILVER WOMEN 50+ TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	CHOICEFUL MULTIVITAMIN CHEW PO	P	QL(1 EA daily)
CENTRUM SILVER CHEW PO	P	QL(1 EA daily)	CULTURELLE PROBIOTICS + MULTIV CHEW PO	P	QL(1 EA daily)
CENTRUM SILVER TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	CVS ADULT MULTIVITAMIN CHEW PO	P	QL(1 EA daily)
CENTRUM SILVER TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	CVS AIRSHIELD IMMUNITY SUPPORT CHEW PO	P	QL(1 EA daily)
CENTRUM SPECIALIST HEART TABS PO	P	QL(1 EA daily); RX/OTC	CVS ONE DAILY MENS 50+ ADV TABS PO	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST HEART TABS PO	P	QL(1 EA daily); RX/OTC	CVS ONE DAILY WOMENS 50+ ADV TABS PO	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST IMMUNE TABS PO	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ADULT 50+ CHEW PO	P	QL(1 EA daily)
CENTRUM SPECIALIST VISION TABS PO	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ADULT 50+ TABS PO	P	QL(1 EA daily); RX/OTC
CENTRUM SPECIALIST VISION TABS PO	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ADULTS TABS PO	P	QL(1 EA daily); RX/OTC
CENTRUM ULTRA WOMENS TABS PO	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ULTRA MEN 50+ TABS PO	P	QL(1 EA daily); RX/OTC
CENTRUM ULTRA WOMENS TABS PO	P	QL(1 EA daily); RX/OTC	CVS SPECTRAVITE ULTRA MENS TABS PO	P	QL(1 EA daily); RX/OTC
CENTRUM VITAMINTS CHEW PO	P	QL(1 EA daily)	CVS SPECTRAVITE ULTRA WOMEN TABS PO	P	QL(1 EA daily); RX/OTC
			CVS SPECTRAVITE WOMEN CHEW PO	P	QL(1 EA daily)

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
DAYAVITE TABS PO	P	QL(1 EA daily); RX/OTC	EQ ONE DAILY WOMENS 50+ TABS PO	P	QL(1 EA daily); RX/OTC
DEKAS BARIATRIC CHEW PO	P	QL(1 EA daily)	EQ ONE DAILY WOMENS HEALTH TABS PO	P	QL(1 EA daily); RX/OTC
DEKAS PLUS CHEW PO	P	QL(1 EA daily)	EQL CENTURY MATURE ADULTS 50+ TABS PO	P	QL(1 EA daily); RX/OTC
DERMACINRX MULTITAM TABS PO	P	QL(1 EA daily); RX/OTC	EQL CENTURY MENS TABS PO	P	QL(1 EA daily); RX/OTC
DERMACINRX RIBOTIN- E TABS PO	P	QL(1 EA daily); RX/OTC	EQL CENTURY WOMENS TABS PO	P	QL(1 EA daily); RX/OTC
DERMACINRX ZINTREXYL-C TABS PO	P	QL(1 EA daily); RX/OTC	EQL ONE DAILY ADULT GUMMIES CHEW PO	P	QL(1 EA daily)
DERMAVITE TABS PO	P	QL(1 EA daily); RX/OTC	EQL ONE DAILY MENS TABS PO	P	QL(1 EA daily); RX/OTC
DIALYVITE SUPREME D TABS PO	P	QL(1 EA daily); RX/OTC	ESTROVEN MENOPAUSE SUPPLEMENT TABS PO	P	QL(1 EA daily); RX/OTC
DIATROL TABS PO	P	QL(1 EA daily); RX/OTC	EYE HEALTH + LUTEIN TABS PO	P	QL(1 EA daily); RX/OTC
EMERGEN-C APPLE CIDER VINEGAR CHEW PO	P	QL(1 EA daily)	EYE MULTIVITAMIN/SODIUM TABS PO	P	QL(1 EA daily); RX/OTC
EMERGEN-C ASHWAGANDHA CHEW PO	P	QL(1 EA daily)	FITNESS TABS FOR MEN AM/PM TABS PO	P	QL(1 EA daily); RX/OTC
EMERGEN-C ELDERBERRY CHEW PO	P	QL(1 EA daily)	FITNESS TABS FOR WOMEN AM/PM TABS PO	P	QL(1 EA daily); RX/OTC
EMERGEN-C IMMUNE PLUS/VIT D CHEW PO	P	QL(1 EA daily)	FOLITIN-Z TABS PO	P	QL(1 EA daily); RX/OTC
EMERGEN-C IMMUNE+ CHEW PO	P	QL(1 EA daily)	FOSFREE TABS PO (<i>Use multiple vitamins w/ minerals</i>)	NF	QL(1 EA daily); RX/OTC
EMERGEN-C TURMERIC & GINGER CHEW PO	P	QL(1 EA daily)	FOSFREE TABS PO (<i>Use multiple vitamins w/ minerals</i>)	P	QL(1 EA daily); RX/OTC
EMERGEN-C VITAMIN C CHEW PO	P	QL(1 EA daily)	FREEDAVITE TABS PO	P	QL(1 EA daily); RX/OTC
EQ COMPLETE MULTIVITAMIN-ADULT TABS PO	P	QL(1 EA daily); RX/OTC	FREEDAVITE TABS PO	P	QL(1 EA daily); RX/OTC
EQ MULTIVITAMINS ADULT GUMMY CHEW PO	P	QL(1 EA daily)	FT ADULT MULTI GUMMIES CHEW PO	P	QL(1 EA daily)
EQ ONE DAILY MENS 50+ TABS PO	P	QL(1 EA daily); RX/OTC	FT IMMUNE SUPPORT CHEW PO	P	QL(1 EA daily)
EQ ONE DAILY MENS HEALTH TABS PO	P	QL(1 EA daily); RX/OTC			

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
GERI-FREEDA SENIOR FORMULA TABS PO	P	QL(1 EA daily); RX/OTC	MEGAVITE FRUITS & VEGGIES TABS PO	P	QL(1 EA daily); RX/OTC
GERI-FREEDA SENIOR FORMULA TABS PO	P	QL(1 EA daily); RX/OTC	MEGAVITE GOLDEN YEARS 55+ TABS PO	P	QL(1 EA daily); RX/OTC
HAIR SKIN & NAILS ADVANCED TABS PO	P	QL(1 EA daily); RX/OTC	MENS 50+ MULTI VITAMIN/MIN TABS PO	P	QL(1 EA daily); RX/OTC
HAIR SKIN & NAILS TABS PO	P	QL(1 EA daily); RX/OTC	MENS 50+ MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC
HEAD CARE PROACTIVE HEALTH TABS PO	P	QL(1 EA daily); RX/OTC	MENS MULTI VITAMIN & MINERAL TABS PO	P	QL(1 EA daily); RX/OTC
HIGH POT MULTIVITAMIN/BETA-CAR TABS PO	P	QL(1 EA daily); RX/OTC	MENS MULTIVITAMIN GUMMIES CHEW PO	P	QL(1 EA daily)
HIGH POTENCY MULTIVIT/FA TABS PO	P	QL(1 EA daily); RX/OTC	MENS MULTIVITAMIN CHEW PO	P	QL(1 EA daily)
HM COMPLETE MEN TABS PO	P	QL(1 EA daily); RX/OTC	MENS MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC
HM HAIR/SKIN/NAILS TABS PO	P	QL(1 EA daily); RX/OTC	MULTI-BETIC DIABETES TABS PO	P	QL(1 EA daily); RX/OTC
HYLAZINC TABS PO	P	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ minerals CAPS PO</i>	P	QL(1 EA daily); RX/OTC
ICAPS AREDS FORMULA TABS PO	P	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ minerals CHEW PO</i>	P	QL(1 EA daily)
IMMUNE SUPPORT CHEW PO	P	QL(1 EA daily)	<i>multiple vitamins w/ minerals TABS PO</i>	P	QL(1 EA daily); RX/OTC
KEYLOSA TABS PO	P	QL(1 EA daily); RX/OTC	<i>multiple vitamins w/ minerals TABS PO</i>	P	QL(1 EA daily); RX/OTC
K-PAX IMMUNE PROFESSIONAL ST TABS PO	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN ADULT (MINERALS) TABS PO	P	QL(1 EA daily); RX/OTC
K-PAX IMMUNE PROFESSIONAL ST TABS PO	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN ADULT (MINERALS) TABS PO	P	QL(1 EA daily); RX/OTC
LIVER DETOX TABS PO	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN MEN TABS PO	P	QL(1 EA daily); RX/OTC
LUTEIN-ZEAXANTHIN TABS PO 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN MEN TABS PO	P	QL(1 EA daily); RX/OTC
MEGA MULTI FOR WOMEN TABS PO	P	QL(1 EA daily); RX/OTC	MULTI-VITAMIN MONOCAPS TABS PO	P	QL(1 EA daily); RX/OTC
MEGA MULTI MEN TABS PO	P	QL(1 EA daily); RX/OTC	MULTI-VITAMIN MONOCAPS TABS PO	P	QL(1 EA daily); RX/OTC
			MULTIVITAMIN WOMEN TABS PO	P	QL(1 EA daily); RX/OTC
			MULTIVITAMIN/ZINC STRESS TABS PO	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVITAMIN-MINERALS TABS PO	P	QL(1 EA daily); RX/OTC	ONE-A-DAY ENERGY TABS PO	P	QL(1 EA daily); RX/OTC
MVW COMPLETE FORMULATION D5000 CAPS PO	NP	QL(1 EA daily); RX/OTC	ONE-A-DAY FOR HER VITACRAVES CHEW PO	P	QL(1 EA daily)
MVW HI-D ADEK GUMMIES CHEW PO	P	QL(1 EA daily)	ONE-A-DAY FOR HIM VITACRAVES CHEW PO	P	QL(1 EA daily)
MVW ORANGE CHEWABLES CHEW PO	P	QL(1 EA daily)	ONE-A-DAY MENOPAUSE FORMULA TABS PO	P	QL(1 EA daily); RX/OTC
NAT-RUL THERAVITE-M TABS PO	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS (MINERALS) TABS PO	P	QL(1 EA daily); RX/OTC
NATRUL-VITES TABS PO	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS (MINERALS) TABS PO	P	QL(1 EA daily); RX/OTC
NEOVITE TABS PO	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS 50+ ADVANTAGE TABS PO	P	QL(1 EA daily); RX/OTC
NICADAN TABS PO	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS 50+ ADVANTAGE TABS PO	P	QL(1 EA daily); RX/OTC
NICAZEL TABS PO	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS 50+ TABS PO	P	QL(1 EA daily); RX/OTC
NO IRON MULT VITAMIN-MINERALS TABS PO	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS HEALTH FORMULA TABS PO	P	QL(1 EA daily); RX/OTC
NUTRICAP TABS PO	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS PRO EDGE TABS PO	P	QL(1 EA daily); RX/OTC
OCULAR VITAMINS TABS PO	P	QL(1 EA daily); RX/OTC	ONE-A-DAY MENS VITACRAVES CHEW PO	P	QL(1 EA daily)
ONCOVITE TABS PO	P	QL(1 EA daily); RX/OTC	ONE-A-DAY PROACTIVE 65+ TABS PO	P	QL(1 EA daily); RX/OTC
ONE A DAY IMMUNITY DEFENSE CHEW PO	P	QL(1 EA daily)	ONE-A-DAY TEEN ADVANTAGE/HIM TABS PO	P	QL(1 EA daily); RX/OTC
ONE A DAY MENS VITACRAVES CHEW PO	P	QL(1 EA daily)	ONE-A-DAY VITACRAVES ADULT CHEW PO	P	QL(1 EA daily)
ONE A DAY WOMEN 50 PLUS CHEW PO	P	QL(1 EA daily)	ONE-A-DAY VITACRAVES IMMUNITY CHEW PO	P	QL(1 EA daily)
ONE DAILY MEN FORMULA W/O IRON TABS PO	P	QL(1 EA daily); RX/OTC	ONE-A-DAY VITACRAVES SOUR CHEW PO	P	QL(1 EA daily)
ONE DAILY MENS 50+ MULTIVIT TABS PO	P	QL(1 EA daily); RX/OTC	ONE-A-DAY VITACRAVES CHEW PO	P	QL(1 EA daily)
ONE DAILY MULTIVITAMIN WOMEN TABS PO	P	QL(1 EA daily); RX/OTC			
ONE DAILY WOMENS TABS PO	P	QL(1 EA daily); RX/OTC			
ONE-A-DAY ENERGY TABS PO	P	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ONE-A-DAY WEIGHT SMART ADVANCE TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	OPTISOURCE POST BARIATRIC SURG CHEW PO	P	QL(1 EA daily)
ONE-A-DAY WEIGHT SMART ADVANCE TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	OPTIVITE P.M.T. TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50 PLUS TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	OPURITY BYPASS OPTIMIZED CHEW PO	P	QL(1 EA daily)
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	OPURITY TABS PO	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	OSTEOPRIME PLUS TABS PO	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ ADVANTAGE TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	PARVLEX TABS PO	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS 50+ TABS PO	P	QL(1 EA daily); RX/OTC	PHYTOMULTI TABS PO	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS HEALTHY SKIN TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	PRESERVISION AREDS 2 CHEW PO	P	QL(1 EA daily)
ONE-A-DAY WOMENS MIND & BODY TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	PRESERVISION AREDS TABS PO	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS PETITES TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	PRESERVISION AREDS TABS PO	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS VITACRAVES CHEW PO	P	QL(1 EA daily)	PRO-CAL TABS PO	P	QL(1 EA daily); RX/OTC
ONE-A-DAY WOMENS TABS PO	P	QL(1 EA daily); RX/OTC	PRO-CAL TABS PO	P	QL(1 EA daily); RX/OTC
ONEVITE TABS PO	P	QL(1 EA daily); RX/OTC	PROCERV HP TABS PO	P	QL(1 EA daily); RX/OTC
OPTIFAST POST BARIATRIC CHEW PO	P	QL(1 EA daily)	PROFOLA TABS PO	P	QL(1 EA daily); RX/OTC
OPTIMUM AIRVITES CHEW PO	P	QL(1 EA daily)	PRORENAL + D TABS PO	P	QL(1 EA daily); RX/OTC
			PRORENAL + D TABS PO	P	QL(1 EA daily); RX/OTC
			PROVIT TABS PO	P	QL(1 EA daily); RX/OTC
			QC MULTI-VITE TABS PO	P	QL(1 EA daily); RX/OTC
			QUIN B STRONG TABS PO	P	QL(1 EA daily); RX/OTC
			QUIN B STRONG TABS PO	P	QL(1 EA daily); RX/OTC
			QUINTABS-M TABS PO	P	QL(1 EA daily); RX/OTC
			QUINTABS-M TABS PO	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
RA CENTRAL-VITE TABS PO	P	QL(1 EA daily); RX/OTC	THERAGRAN-M PREMIER TABS PO	P	QL(1 EA daily); RX/OTC
RAYAVIT TABS PO	P	QL(1 EA daily); RX/OTC	THERAGRAN-M PREMIER TABS PO	P	QL(1 EA daily); RX/OTC
RENAPLEX-D TABS PO	P	QL(1 EA daily); RX/OTC	THERAGRAN-M TABS PO	P	QL(1 EA daily); RX/OTC
SENTRY SENIOR/LUTEIN TABS PO	P	QL(1 EA daily); RX/OTC	THERA-M TABS PO	P	QL(1 EA daily); RX/OTC
SENTRY TABS PO	P	QL(1 EA daily); RX/OTC	THERA-TABS M TABS PO	P	QL(1 EA daily); RX/OTC
SIDEROL TABS PO	P	QL(1 EA daily); RX/OTC	THERA-TABS M TABS PO	P	QL(1 EA daily); RX/OTC
SM ONE DAILY MENS TABS PO	P	QL(1 EA daily); RX/OTC	THEREMS-M TABS PO	P	QL(1 EA daily); RX/OTC
SM ONE DAILY WOMENS TABS PO	P	QL(1 EA daily); RX/OTC	T-VITES TABS PO	P	QL(1 EA daily); RX/OTC
SOLO TABS PO	P	QL(1 EA daily); RX/OTC	T-VITES TABS PO	P	QL(1 EA daily); RX/OTC
SPECTRAVITE TABS PO	P	QL(1 EA daily); RX/OTC	UDAMIN SP TABS PO 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT- 320 MG	P	QL(1 EA daily); RX/OTC
STROVITE ONE TABS PO	NP	QL(1 EA daily); RX/OTC	ULTRA BONEUP TABS PO	P	QL(1 EA daily); RX/OTC
SUPERIOR MENS MULTI TABS PO	P	QL(1 EA daily); RX/OTC	VENEXA FE TABS PO	P	QL(1 EA daily); RX/OTC
SUPERIOR WOMENS MULTI TABS PO	P	QL(1 EA daily); RX/OTC	VENEXA TABS PO	P	QL(1 EA daily); RX/OTC
SYSTANE ICAPS AREDS2 CHEW PO	P	QL(1 EA daily)	VENTRIXYL FE TABS PO	P	QL(1 EA daily); RX/OTC
SYSTANE ICAPS AREDS2 TABS PO	P	QL(1 EA daily); RX/OTC	VENTRIXYL TABS PO	P	QL(1 EA daily); RX/OTC
SYSTANE ICAPS AREDS2 TABS PO	P	QL(1 EA daily); RX/OTC	VITABASIC COMPLETE TABS PO	P	QL(1 EA daily); RX/OTC
THERA M PLUS TABS PO	P	QL(1 EA daily); RX/OTC	VITABASIC SENIOR TABS PO	P	QL(1 EA daily); RX/OTC
THERABETIC MULTI- VITAMIN TABS PO	P	QL(1 EA daily); RX/OTC	VITACHEW ADULT MULTI VITAMIN CHEW PO	P	QL(1 EA daily)
THERAGRAN-M ADVANCED 50 PLUS TABS PO	P	QL(1 EA daily); RX/OTC	VITAJEY MULTI GUMMIES ADULT CHEW PO	P	QL(1 EA daily)
THERAGRAN-M ADVANCED TABS PO	P	QL(1 EA daily); RX/OTC	VITAMIN D3 COMPLETE TABS PO	P	QL(1 EA daily); RX/OTC
THERAGRAN-M PREMIER 50 PLUS TABS PO	P	QL(1 EA daily); RX/OTC			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
VITAROCA PLUS TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	WOMENS MULTIVITAMIN GUMMIES CHEW PO	P	QL(1 EA daily)
VITAROCA PLUS TABS PO <i>(Use multiple vitamins w/ minerals)</i>	P	QL(1 EA daily); RX/OTC	YELETS TEENAGE FORMULA TABS PO	P	QL(1 EA daily); RX/OTC
VITASANA TABS PO	P	QL(1 EA daily); RX/OTC	YOUR LIFE MULTI ADULT GUMMIES CHEW PO	P	QL(1 EA daily)
VITASANA TABS PO	P	QL(1 EA daily); RX/OTC	YUM-VS COMPLETE MULTIVITAMIN CHEW PO	P	QL(1 EA daily)
VITATRUM TABS PO	P	QL(1 EA daily); RX/OTC	YUMVS MULTI ZERO CHEW PO	P	QL(1 EA daily)
VITEYES CLASSIC MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC	YUMVS ZERO DIABETIC MULTIVITAM CHEW PO	P	QL(1 EA daily)
VITEYES CLASSIC MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC	Multivitamins		
VITEYES OPTIC NERVE SUPPORT TABS PO	P	QL(1 EA daily); RX/OTC	ALTRIXA TABS PO	P	QL(1 EA daily); RX/OTC
VITRANOL FE TABS PO	P	QL(1 EA daily); RX/OTC	FOLCYTEINE TABS PO	P	QL(1 EA daily); RX/OTC
VITREXATE FE TABS PO	P	QL(1 EA daily); RX/OTC	GENICIN VITA-Q TABS PO	NP	QL(1 EA daily); RX/OTC
VITREXYL + IRON TABS PO	P	QL(1 EA daily); RX/OTC	HIGH POTENCY MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC
VITREXYL TABS PO	P	QL(1 EA daily); RX/OTC	MULTI VITAMIN TABS PO	P	QL(1 EA daily); RX/OTC
VITRUM 50+ ADULT-MULTI TABS PO	P	QL(1 EA daily); RX/OTC	<i>multiple vitamin TABS PO</i>	P	QL(1 EA daily); RX/OTC
VITRUM 50+ ADULT-MULTI TABS PO	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN ADULT TABS PO	P	QL(1 EA daily); RX/OTC
VITRUM 50+ SENIOR MULTI TABS PO	P	QL(1 EA daily); RX/OTC	MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC
WAL-BORN VITAMIN C CHEW PO	P	QL(1 EA daily)	OMNICAP TABS PO	P	QL(1 EA daily); RX/OTC
WOMENS 50+ MULTI VITAMIN/MIN TABS PO	P	QL(1 EA daily); RX/OTC	ONE DAILY ESSENTIALS TABS PO	P	QL(1 EA daily); RX/OTC
WOMENS 50+ MULTI VITAMIN TABS PO	P	QL(1 EA daily); RX/OTC	ONE DAILY ESSENTIAL TABS PO	P	QL(1 EA daily); RX/OTC
WOMENS MULTI GUMMIES CHEW PO	P	QL(1 EA daily)	ONE VITE DAILY MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC
WOMENS MULTI VITAMIN & MINERAL TABS PO	P	QL(1 EA daily); RX/OTC	ONE-A-DAY ESSENTIAL TABS PO <i>(Use multiple vitamin)</i>	P	QL(1 EA daily); RX/OTC
WOMENS MULTIVITAMIN + COLLAGEN CHEW PO	P	QL(1 EA daily)	ONE-A-DAY MENS TABS PO <i>(Use multiple vitamin)</i>	P	QL(1 EA daily); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUINTABS TABS PO	P	QL(1 EA daily); RX/OTC	EQL GUMMIES CHILDRENS CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
THERA TABS PO	P	QL(1 EA daily); RX/OTC	FLINTSTONES COMPLETE CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
THEREMS TABS PO	P	QL(1 EA daily); RX/OTC	FLINTSTONES GUMMIES BONE BUILD CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
TM-DAILY VITE TABS PO	NP	QL(1 EA daily); RX/OTC	FLINTSTONES GUMMIES COMPLETE CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
TRUE MULTIVITAMIN TABS PO	P	QL(1 EA daily); RX/OTC	FLINTSTONES GUMMIES CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
Ped Multi Vitamins w/Fl & FE			FLINTSTONES GUMMIES GUMMIES-IMMUNITY CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
<i>ped multivitamins w/fl & iron SOLN PO</i>	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	FLINTSTONES SOUR GUMMIES CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
Ped Multiple Vitamins w/ Minerals			FLINTSTONES TODDLER CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
ACTIVNUTRIENTS CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	FLINTSTONES- IMMUNITY SUPPORT CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
ALIVE GUMMIES FOR CHILDREN CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	GENADEK LIQD PO	P	RX/OTC
ALIVE MULTI-VITAMIN CHILDRENS CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	GNP MULTI CHILDRENS CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
CENTRUM FLAVOR BURST KIDS CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	GUMMI BEAR MULTIVITAMIN/MIN CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
CENTRUM KIDS CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	HEALTHY KIDS GUMMIES CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
CHILDRENS GUMMIES CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
CVS GUMMY DINOS CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	LIVITA CHILDREN LIQD PO	P	RX/OTC
CVS GUMMY MULTIVITAMIN KIDS CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	MULTIVITAMIN CHILDRENS GUMMIES CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
DEKAS PLUS LIQD PO	P	RX/OTC			
EQ MULTIVITAMIN GUMMIES CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)			
EQ MULTIVITAMINS GUMMY CHILD CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)			

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Updated February 1, 2025

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Drug Name	Drug Tier	Requirements/ Limits	Drug Name	Drug Tier	Requirements/ Limits
MULTIVIT-MIN GUMMIES CHILDRENS CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	YUMVSKIDS MULTI ZERO CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
MVW COMPLETE FORMULATION D3000 CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	ZOO FRIENDS COMPLETE CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
MVW COMPLETE FORMULATION D5000 CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	ZOO FRIENDS MULTI GUMMIES CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
MVW COMPLETE FORMULATION CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	Ped MV w/ Fluoride		
MVW HI-D DROPS W/EXTRA VIT D LIQD PO	P	RX/OTC	FLORAFOL PEDIATRIC CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC
MVW MODULATOR FORMULATION PEDS LIQD PO	P	RX/OTC	FLORAFOL PEDIATRIC SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY JOLLY RANCHER CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	FLORIVA PLUS SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
ONE-A-DAY SCOOBY-DOO GUMMIES CHEW PO (Use pediatric multiple vitamin w/ minerals)	NF	QL(1 EA daily); AL(Up to 13 yrs old)	MULTIVITAMIN + FLUORIDE CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC
<i>pediatric multiple vitamin w/ minerals CHEW PO 45 MG-1.1 MCG-6 MCG-150 MCG-0.6 MCG-6 MG-1.33 MG-500 MCG-183 UNIT</i>	P	QL(1 EA daily); AL(Up to 13 yrs old)	MULTIVITAMIN/FLUORIDE CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC
SMARTY PANTS KIDS COMPLETE CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	MULTIVITAMIN/FLUORIDE SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
SPONGEBOB SQUAREPANTS GUMMIES CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	MULTI-VIT-FLOR CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC
UPSPRING BABY IRON-IMMUNITY LIQD PO	P	RX/OTC	<i>pediatric multivitamins w/fl CHEW PO</i>	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC
UPSPRINGBABY MULTIVITAMIN/IRON LIQD PO	P	RX/OTC	<i>pediatric multivitamins w/fl SOLN PO</i>	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
VITACHEW MULTIPLE VITAMIN CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	<i>pediatric vitamins acd w/ fluoride SOLN PO</i>	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC
VITALETS CHILDRENS CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)	POLY-VI-FLOR CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
QUFLORA PEDIATRIC CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old); RX/OTC	BPROTECTED PEDIA POLY-VITE SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
QUFLORA PEDIATRIC SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	FT CHILDRENS MULTI PLUS IMMUNE CHEW PO	P	QL(1 EA daily); AL(Up to 13 yrs old)
SOLUVITA ACD WITH FLUORIDE SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	ONE-A-DAY VITACRAVES+OMEGA-3 CHEW PO (<i>Use pediatric multiple vitamins</i>)	NF	QL(1 EA daily); AL(Up to 13 yrs old)
SOLUVITA WITH FLUORIDE SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	PC PEDIATRIC POLY-VITAMIN DROP SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
VITAMINS ACD-FLUORIDE SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old); RX/OTC	<i>pediatric multiple vitamins CHEW PO</i>	P	QL(1 EA daily); AL(Up to 13 yrs old)
Ped MV w/ Iron			POLY-VI-SOL SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
BPROTECTED PEDIA POLY-VITE/FE SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	POLY-VITA SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
MULTIVITAMIN DROPS/IRON SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	POLY-VITE PEDIATRIC SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)
MULTIVITAMIN INFANT & TODDLER SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	Prenatal Vitamins		
PC PEDIATRIC POLY-VITA/FE DROP SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	CITRANATAL 90 DHA PO 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	NP	
POLY-VITA/IRON SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	CITRANATAL ASSURE PO	NP	
POLY-VITE/IRON SOLN PO	P	QL(50 ML per fill retail); AL(Up to 13 yrs old)	CITRANATAL B-CALM PO 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	NP	MP
Pediatric Multiple Vitamins			CITRANATAL BLOOM	NP	
			CITRANATAL DHA PO	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
CITRANATAL HARMONY PO 25 MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	NP		PRENAISSANCE PLUS CAPS PO	NP	
CITRANATAL MEDLEY	NP		PRENATAL 19 CHEW PO	P	
CLASSIC PRENATAL TABS PO	P		PRENATAL PLUS VITAMIN/MINERAL TABS PO	P	RX/OTC
C-NATE DHA CAPS PO	NP	MP	<i>prenatal vit w/ ferrous fumarate-folic acid CHEW PO</i>	P	
COMPLETENATE CHEW PO	P		<i>prenatal vit w/ ferrous fumarate-l methylfolate- folic acid PO</i>	NP	MP
DERMACINRX PRETRATE TABS PO	NP		<i>prenatal vit w/ iron carbonyl-folic acid TABS PO 120 MG-10 MG-1.25 MG-315 UNIT-15 MCG- 3.4 MG-10 MG-1 MG-2 MG-15 MG-10 MG-20 UNIT-2100 UNIT-50 MG</i>	P	MP
ENBRACE HR	NP	MP	<i>prenatal vit w/ iron carbonyl-folic acid TABS PO 120 MG-3 MG-30 MCG-1 MG-400 UNIT-8 MCG-3 MG-20 MG-7 MG- 3 MG-100 MG-15 MG-3 MG-4000 UNIT-200 MG- 150 MCG-30 UNIT-29 MG</i>	P	QL(1 EA daily); RX/OTC
EQL PRENATAL FORMULA TABS PO	P		PRENATAL VITAMIN AND MINERAL TABS PO	P	
FT PRENATAL TABS PO	P		PRENATAL VITAMINS TABS PO 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG-1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	
GNP PRENATAL TABS PO	P		<i>prenatal without a w/ fe fumarate-l methylfolate-fa- dha PO</i>	NP	MP
KP PRENATAL MULTIVITAMINS TABS PO	P		PRENATAL/IRON TABS PO 120 MG-2.6 MG-800 MCG-400 UNIT-8 MCG- 1.7 MG-20 MG-28 MG-200 MG-1.8 MG-25 MG-4000 UNIT-30 UNIT	P	
MASONATAL TABS PO	P		PRENATAL TABS PO	P	
M-NATAL PLUS TABS PO	P	RX/OTC	PRENATAL TABS PO	P	RX/OTC
MULTI-MAC PO	NP				
NATAL PNV TABS PO	NP				
NESTABS PO	NP	MP			
NESTABS DHA PO	NP	MP			
NESTABS ONE	NP	MP			
NIVA-PLUS TABS PO	P	RX/OTC			
OB COMPLETE ONE PO	NP	MP			
OB COMPLETE PETITE	NP	MP			
OB COMPLETE PREMIER	NP	MP			
OB COMPLETE/DHA	NP	MP			
OB COMPLETE TABS PO	P	MP			
PNV-DHA+DOCUSATE PO	NP				
PNV-OMEGA PO	NP	MP			
PREMESISRX	NP	MP			
PRENAISSANCE PO	NP				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PRENATE	NP	MP	SE-NATAL 19 CHEW PO	P	
PRENATE AM	NP	MP	SE-NATAL 19 TABS PO	P	QL(1 EA daily); RX/OTC
PRENATE DHA 90 MG-26 MG-400 MCG-400 UNIT- 25 MCG-155 MG-50 MG- 300 MG-40 UNIT-600 MCG-18 MG	NP	MP	SM PRENATAL VITAMINS TABS PO	P	
PRENATE ELITE 75 MG- 21 MG-330 MCG-400 MCG-600 UNIT-13 MCG- 3.5 MG-21 MG-3 MG-155 MG-25 MG-15 MG-1.5 MG-2600 UNIT-150 MCG- 40 UNIT-600 MCG-20 MG	NP	MP	THRIVITE RX TABS PO	P	QL(1 EA daily); RX/OTC
PRENATE ENHANCE PO	NP	MP	TRICARE TABS PO	P	RX/OTC
PRENATE ESSENTIAL 90 MG-26 MG-280 MCG-400 MCG-220 UNIT-13 MCG- 155 MG-50 MG-300 MG- 150 MCG-10 UNIT-40 MG-600 MCG-18 MG	NP	MP	TRINATAL RX 1 TABS PO	P	QL(1 EA daily)
PRENATE MINI 60 MG-26 MG-280 MCG-400 MCG- 1000 UNIT-13 MCG-80 MG-25 MG-350 MG-18 MG-150 MCG-10 UNIT- 600 MCG-25 MG	NP	MP	TRISTART DHA PO	NP	MP
PRENATE PIXIE	NP	MP	TRISTART FREE PO	NP	
PRENATE RESTORE PO	NP	MP	TRISTART ONE PO	NP	
PRENATRIX TABS PO	NP	RX/OTC	VINATE DHA RF	NP	
PRENATRYL TABS PO	NP	RX/OTC	VIRT-NATE DHA CAPS PO	NP	MP
PRIMACARE PO	NP	MP	VIRT-PN DHA PO	NP	MP
PX PRENATAL MULTIVITAMINS TABS PO	P		VITAFOL FE+	NP	MP
QC PRENATAL TABS PO	P		VITAFOL GUMMIES	NP	MP
RA PRENATAL FORMULA TABS PO	P		VITAFOL STRIPS	NP	
RA PRENATAL TABS PO	P		VITAFOL ULTRA	NP	MP
RELNATE DHA CAPS PO	NP	MP	VITAFOL-NANO	NP	MP
SELECT-OB+DHA MISC PO	NP	MP	VITAFOL-OB+DHA MISC PO	NP	MP
SELECT-OB CHEW	NP	MP	VITAFOL-OB TABS PO	P	QL(1 EA daily)
			VITAFOL-ONE CAPS PO	NP	MP
			VITAMEDMD ONE RX/QUATREFOLIC PO	NP	
			VITAPEARL	NP	
			WESCAP-C DHA PO	NP	MP
			WESCAP-PN DHA PO	NP	MP
			WESNATAL DHA COMPLETE PO	NP	
			WESNATE DHA CAPS PO	NP	MP
			WESTAB PLUS TABS PO	P	RX/OTC
			WESTGEL DHA PO	NP	MP
			ZATEAN-PN DHA PO	NP	MP
			MUSCULOSKELETAL THERAPY AGENTS - Drugs to Treat Spasms		

Drug Name	Drug Tier	Requirements/Limits
Central Muscle Relaxants		
AMRIX CP24 PO (<i>Use cyclobenzaprine hcl</i>)	NP	
<i>baclofen SOLN PO 5 MG/5ML, 10 MG/5ML</i>	NP	
<i>baclofen SUSP</i>	P	
<i>baclofen TABS PO 5 MG, 10 MG, 20 MG</i>	P	
<i>carisoprodol TABS PO</i>	NP	
<i>chlorzoxazone TABS PO</i>	P	
<i>cyclobenzaprine hcl CP24 PO</i>	NP	
<i>cyclobenzaprine hcl TABS PO 5 MG, 10 MG</i>	P	QL(3 EA daily)
<i>cyclobenzaprine hcl TABS PO 7.5 MG</i>	P	QL(4 EA daily)
FLEQSUVY SUSP (<i>Use baclofen</i>)	NP	
LYVISPAH PACK	NP	
<i>metaxalone PO</i>	NP	
<i>methocarbamol TABS PO 500 MG, 750 MG</i>	P	
<i>orphenadrine citrate TB12 PO</i>	P	
OZOBAX DS SOLN PO (<i>Use baclofen</i>)	NF	
SOMA TABS PO (<i>Use carisoprodol</i>)	NP	
<i>tizanidine hcl CAPS PO</i>	NP	
<i>tizanidine hcl TABS PO</i>	P	
ZANAFLEX CAPS PO (<i>Use tizanidine hcl</i>)	NP	
ZANAFLEX TABS PO 4 MG (<i>Use tizanidine hcl</i>)	NP	
Direct Muscle Relaxants		
DANTRIUM CAPS PO 25 MG (<i>Use dantrolene sodium</i>)	NP	
<i>dantrolene sodium CAPS PO</i>	P	

Drug Name	Drug Tier	Requirements/Limits
Fibrodysplasia Ossificans Progressiva (FOP) Agents		
SOHONOS PO 1 MG, 1.5 MG, 2.5 MG, 10 MG	NP	SP
Muscle Relaxant Combinations		
NORGESIC FORTE PO (<i>Use orphenadrine w/ aspirin & caff</i>)	NP	
<i>orphenadrine w/ aspirin & caff PO</i>	P	
NASAL AGENTS - SYSTEMIC AND TOPICAL - Drugs to treat the Nose or Sinus		
Nasal Agent Combinations		
<i>azelastine hcl-fluticasone propionate SUSP</i>	NP	
DYMISTA SUSP (<i>Use azelastine hcl-fluticasone propionate</i>)	NP	
RYALTRIS	NP	
Nasal Agents - Misc.		
FT SALINE NASAL SPRAY SOLN	P	QL(480 ML per fill retail)
LITTLE REMEDIES SALINE SOLN	P	QL(480 ML per fill retail)
OCEAN NASAL SPRAY SOLN (<i>Use saline</i>)	NF	QL(480 ML per fill retail)
<i>saline SOLN 0.65 %</i>	P	QL(480 ML per fill retail)
Nasal Antiallergy		
<i>azelastine hcl 0.15 %</i>	P	RX/OTC
<i>azelastine hcl 0.1 %, 137 MCG/SPRAY</i>	P	QL(1 ML daily)
<i>cromolyn sodium (nasal) 5.2 MG/ACT</i>	P	QL(26 ML per fill retail)
NASALCROM (<i>Use cromolyn sodium (nasal)</i>)	NF	QL(26 ML per fill retail)
<i>olopatadine hcl (nasal)</i>	P	
PATANASE (<i>Use olopatadine hcl (nasal)</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
Nasal Anticholinergics		
<i>ipratropium bromide (nasal) 0.06 %</i>	NP	QL(25 ML per fill retail)
<i>ipratropium bromide (nasal) 0.03 %</i>	NP	QL(30 ML per fill retail)
Nasal Steroids		
BECONASE AQ	NP	
FLONASE ALLERGY RELIEF SUSP (<i>Use fluticasone propionate (nasal)</i>)	NF	RX/OTC
<i>flunisolide (nasal)</i>	P	QL(25 ML per fill retail)
<i>fluticasone propionate (nasal) SUSP</i>	P	QL(16 GM per fill retail); RX/OTC
<i>mometasone furoate (nasal) SUSP</i>	NP	RX/OTC
NASONEX 24HR SUSP (<i>Use mometasone furoate (nasal)</i>)	NF	RX/OTC
OMNARIS SUSP	NP	
PROPEL MINI SDS IMPL	NP	
QNASL	NP	
QNASL CHILDRENS	NP	
SINUVA IMPL	NP	
XHANCE EXHU	NP	
ZETONNA AERS	NP	
Sympathomimetic Decongestants		
<i>phenylephrine hcl (oral) TABS PO</i>	P	QL(24 EA per fill retail)
<i>pseudoephedrine hcl TABS PO</i>	P	
<i>pseudoephedrine hcl TB12 PO</i>	P	QL(2 EA daily)
SUDAFED CHILDRENS LIQD PO	P	
SUDAFED PE SINUS CONGESTION TABS PO (<i>Use phenylephrine hcl (oral)</i>)	NF	QL(24 EA per fill retail)

Drug Name	Drug Tier	Requirements/Limits
SUDAFED SINUS CONGESTION TABS PO (<i>Use pseudoephedrine hcl</i>)	NF	
SUDAFED TABS PO (<i>Use pseudoephedrine hcl</i>)	NF	
NEUROMUSCULAR AGENTS - Drugs to Relax/Paralyze Muscles		
ALS Agents		
EXSERVAN FILM	NP	SP
RADICAVA ORS STARTER KIT SUSP	NP	SP
RADICAVA ORS SUSP	NP	SP
RELYVRIO	NP	SP
RILUTEK TABS PO (<i>Use riluzole</i>)	NP	
<i>riluzole TABS PO</i>	P	
TIGLUTIK SUSP	NP	SP
Rett Syndrome Agents		
DAYBUE	NP	SP
NUTRIENTS		
Carbohydrates		
<i>dextrose SOLN 5 %</i>	P	
OPHTHALMIC AGENTS - Drugs to Treat the Eye		
Artificial Tears and Lubricants		
LACRISERT	P	
<i>polyvinyl alcohol 1.4 %</i>	P	QL(15 ML per fill retail)
<i>white petrolatum-mineral oil</i>	P	QL(4 GM per fill retail)
Beta-blockers - Ophthalmic		
<i>betaxolol hcl (ophth) SOLN</i>	P	QL(15 ML per fill retail)
BETIMOL	NP	
BETOPTIC-S SUSP	NP	QL(15 ML per fill retail)

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Drug Name	Drug Tier	Requirements/Limits
<i>brimonidine tartrate-timolol maleate</i>	NP	
<i>carteolol hcl (ophth)</i>	P	3 max fill(s) per 90 day(s) retail
COMBIGAN (<i>Use brimonidine tartrate-timolol maleate</i>)	NP	
COSOPT (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	QL(10 ML per fill retail)
COSOPT PF (<i>Use dorzolamide hcl-timolol maleate</i>)	NP	
<i>dorzolamide hcl-timolol maleate</i>	NP	
<i>dorzolamide hcl-timolol maleate</i>	P	QL(10 ML per fill retail)
ISTALOL SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ML per fill retail)
<i>levobunolol hcl 0.5 %</i>	P	QL(15 ML per fill retail)
<i>timolol maleate (ophth) SOLG 0.25 %</i>	P	
<i>timolol maleate (ophth) SOLG 0.5 %</i>	P	QL(5 ML per fill retail)
<i>timolol maleate (ophth) SOLN</i>	NP	QL(60 EA per fill retail)
<i>timolol maleate (ophth) SOLN</i>	P	QL(15 ML per fill retail)
TIMOPTIC OCUDOSE SOLN 0.25 % (<i>Use timolol maleate (ophth)</i>)	NF	
TIMOPTIC OCUDOSE SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(60 EA per fill retail)
TIMOPTIC SOLN (<i>Use timolol maleate (ophth)</i>)	NP	QL(15 ML per fill retail)
TIMOPTIC-XE SOLG 0.5 % (<i>Use timolol maleate (ophth)</i>)	NP	QL(5 ML per fill retail)
TIMOPTIC-XE SOLG 0.25 % (<i>Use timolol maleate (ophth)</i>)	NP	
Cycloplegic Mydriatics		

Drug Name	Drug Tier	Requirements/Limits
<i>atropine sulfate (ophthalmic) OINT</i>	P	QL(4 GM per fill retail)
<i>atropine sulfate (ophthalmic) SOLN</i>	P	QL(15 ML per fill retail)
ATROPINE SULFATE SOLN 1 %	P	QL(15 EA per fill retail)
CYCLOGYL 0.5 %	NP	
CYCLOGYL (<i>Use cyclopentolate hcl</i>)	NP	QL(15 ML per fill retail)
CYCLOGYL	NP	QL(15 ML per fill retail)
CYCLOMYDRIL	P	
<i>cyclopentolate hcl 1 %</i>	P	QL(15 ML per fill retail)
MYDRIACYL SOLN (<i>Use tropicamide</i>)	NP	QL(15 ML per fill retail)
<i>phenylephrine hcl (mydriatic) SOLN 2.5 %</i>	NP	QL(30 ML per fill retail)
<i>phenylephrine hcl (mydriatic) SOLN 10 %</i>	NP	
<i>tropicamide SOLN</i>	P	QL(15 ML per fill retail)
Miotics		
PHOSPHOLINE IODIDE	NP	
<i>pilocarpine hcl SOLN 1 %, 2 %, 4 %</i>	P	
VUITY SOLN	NP	
Ophthalmic Adrenergic Agents		
ALPHAGAN P (<i>Use brimonidine tartrate</i>)	P	
<i>apraclonidine hcl</i>	NP	
<i>brimonidine tartrate 0.1 %, 0.15 %</i>	P	
<i>brimonidine tartrate 0.2 %</i>	P	QL(15 ML per fill retail)
IOPIDINE	NP	
SIMBRINZA	NP	
Ophthalmic Anti-infectives		
AZASITE	NP	
<i>bacitracin (ophthalmic)</i>	P	QL(4 GM per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>bacitracin-polymyxin b (ophth)</i>	P	QL(4 GM per fill retail)
BESIVANCE	NP	
BETADINE OPHTHALMIC PREP	NP	
CILOXAN OINT	P	QL(4 GM per fill retail)
CILOXAN SOLN (<i>Use ciprofloxacin hcl (ophth)</i>)	NF	QL(10 ML per fill retail)
<i>ciprofloxacin hcl (ophth) SOLN</i>	P	QL(10 ML per fill retail)
ERYTHROMYCIN	P	QL(4 GM per fill retail)
<i>erythromycin (ophth)</i>	P	QL(4 GM per fill retail)
<i>gatifloxacin (ophth)</i>	NP	
<i>gentamicin sulfate (ophth) SOLN</i>	P	QL(15 ML per fill retail)
<i>moxifloxacin hcl (ophth) SOLN OP</i>	NP	QL(3 ML per fill retail)
NATACYN	NP	
<i>neomycin-bacitracin zn-polymyxin</i>	P	QL(4 GM per fill retail)
<i>neomycin-polymyxin-gramicidin</i>	P	QL(10 ML per fill retail)
OCUFLOX (<i>Use ofloxacin (ophth)</i>)	NP	QL(10 ML per fill retail)
<i>ofloxacin (ophth)</i>	P	QL(10 ML per fill retail)
<i>polymyxin b-trimethoprim</i>	P	QL(10 ML per fill retail)
POLYTRIM (<i>Use polymyxin b-trimethoprim</i>)	NF	QL(10 ML per fill retail)
<i>sulfacetamide sodium (ophth) OINT</i>	P	QL(4 GM per fill retail)
<i>sulfacetamide sodium (ophth) SOLN</i>	P	QL(15 ML per fill retail)
<i>tobramycin (ophth) SOLN</i>	P	QL(5 ML per fill retail)
TOBREX OINT	P	QL(4 GM per fill retail)
<i>trifluridine</i>	P	QL(8 ML per fill retail)

Drug Name	Drug Tier	Requirements/Limits
VIGAMOX SOLN OP (<i>Use moxifloxacin hcl (ophth)</i>)	NP	QL(3 ML per fill retail)
VIGAMOX SOLN OP (<i>Use moxifloxacin hcl (ophth)</i>)	NF	
XDEMVY	NP	
ZIRGAN GEL	P	
ZYMAXID (<i>Use gatifloxacin (ophth)</i>)	NP	
Ophthalmic Decongestants		
<i>tetrahydrozoline hcl (ophth) 0.05 %</i>	P	QL(1 ML daily)
VISINE RED EYE COMFORT (<i>Use tetrahydrozoline hcl (ophth)</i>)	NF	QL(1 ML daily)
Ophthalmic Immunomodulators		
CEQUA SOLN	NP	
<i>cyclosporine (ophth) EMUL</i>	NP	
RESTASIS MULTIDOSE EMUL	NP	
RESTASIS EMUL (<i>Use cyclosporine (ophth)</i>)	NP	
VERKAZIA EMUL	NP	
VEVYE SOLN	NP	
Ophthalmic Integrin Antagonists		
XIIDRA	NP	
Ophthalmic Kinase Inhibitors		
RHOPRESSA	NP	
ROCKLATAN	NP	
Ophthalmic Local Anesthetics		
AKTEN	NP	
ALCAINE (<i>Use proparacaine hcl</i>)	NP	
IHEEZO	NP	SP
<i>proparacaine hcl</i>	NP	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
<i>tetracaine hcl (ophth)</i>	NP		MAXITROL OINT (<i>Use neomycin-polymy-dexameth</i>)	NP	QL(4 GM per fill retail)
Ophthalmic Nerve Growth Factors			MAXITROL OINT (<i>Use neomycin-polymy-dexameth</i>)	NF	
OXERVATE	NP	SP	MAXITROL SUSP (<i>Use neomycin-polymy-dexameth</i>)	NP	QL(5 ML per fill retail)
Ophthalmic Steroids			MAXITROL SUSP (<i>Use neomycin-polymy-dexameth</i>)	NF	
ALREX SUSP (<i>Use loteprednol etabonate</i>)	P		<i>neomycin-polymy-dexameth OINT</i>	P	QL(4 GM per fill retail)
<i>bacitracin-poly-neomycin-hc</i>	P		<i>neomycin-polymy-dexameth SUSP</i>	P	QL(5 ML per fill retail)
<i>dexamethasone sodium phosphate (ophth)</i>	P	QL(5 ML per fill retail)	<i>neomycin-polymyxin-hc (ophth)</i>	P	QL(8 ML per fill retail)
DEXTENZA INST	NP	SP	PRED FORTE (<i>Use prednisolone acetate (ophth)</i>)	NP	QL(15 ML per fill retail)
<i>difluprednate</i>	NP		PRED MILD	P	QL(10 ML per fill retail)
DUREZOL (<i>Use difluprednate</i>)	NF		<i>prednisolone acetate (ophth)</i>	P	QL(15 ML per fill retail)
DUREZOL (<i>Use difluprednate</i>)	NF		PREDNISOLONE SODIUM PHOSPHATE	P	QL(15 ML per fill retail)
DUREZOL (<i>Use difluprednate</i>)	NP		<i>sulfacetamide sod-prednisolone SOLN</i>	NP	QL(10 ML per fill retail)
EYSUVIS SUSP	NP		TOBRADEX ST SUSP	NP	
FLAREX	P		TOBRADEX OINT	NP	QL(4 GM per fill retail)
<i>fluorometholone (ophth) SUSP</i>	P	QL(15 ML per fill retail)	TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NP	QL(10 ML per fill retail)
FML FORTE SUSP	P		TOBRADEX SUSP (<i>Use tobramycin-dexamethasone</i>)	NF	QL(10 ML per fill retail)
FML LIQUIFILM SUSP (<i>Use fluorometholone (ophth)</i>)	NP	QL(15 ML per fill retail)	<i>tobramycin-dexamethasone SUSP</i>	P	QL(10 ML per fill retail)
INVELTYS SUSP	NP		ZYLET	NP	
LOTEMAX SM GEL	NP		Ophthalmics - Misc.		
LOTEMAX GEL (<i>Use loteprednol etabonate</i>)	NP				
LOTEMAX OINT	NP				
LOTEMAX SUSP (<i>Use loteprednol etabonate</i>)	NP				
<i>loteprednol etabonate GEL</i>	NP				
<i>loteprednol etabonate SUSP 0.5 %</i>	P				
MAXIDEX SUSP OP	P				

Drug Name	Drug Tier	Requirements/Limits
ACULAR (Use ketorolac tromethamine (ophth))	NP	QL(10 ML per fill retail)
ACULAR LS (Use ketorolac tromethamine (ophth))	NP	3 max fill(s) per 90 day(s) retail
ACUVAIL	NP	
ALOMIDE	NP	QL(10 ML per fill retail)
azelastine hcl (ophth)	P	QL(6 ML per fill retail)
AZOPT (Use brinzolamide)	NP	QL(15 ML per fill retail)
AZOPT (Use brinzolamide)	NF	
AZOPT (Use brinzolamide)	NF	QL(15 ML per fill retail)
bepotastine besilate	NP	
BEPREVE (Use bepotastine besilate)	NP	
brinzolamide	NP	QL(15 ML per fill retail)
bromfenac sodium (ophth) 0.07 %, 0.09 %	NP	
BROMSITE (Use bromfenac sodium (ophth))	NP	
cromolyn sodium (ophth)	P	QL(10 ML per fill retail)
CYSTADROPS	NP	SP
CYSTARAN	NP	SP
diclofenac sodium (ophth)	P	QL(5 ML per fill retail)
dorzolamide hcl	P	QL(10 ML per fill retail)
epinastine hcl (ophth)	NP	
FLUORESCEIN SODIUM/BENOXINATE	NP	
flurbiprofen sodium	P	QL(3 ML per fill retail)
GLOSTRIPS STRP 1 MG	NP	
ILEVRO	NP	
ketorolac tromethamine (ophth) 0.4 %	P	3 max fill(s) per 90 day(s) retail

Drug Name	Drug Tier	Requirements/Limits
ketorolac tromethamine (ophth) 0.5 %	P	QL(10 ML per fill retail)
NEVANAC	NP	
olopatadine hcl 0.1 %	NP	RX/OTC
PATADAY (Use olopatadine hcl)	NF	RX/OTC
PROLENSA (Use bromfenac sodium (ophth))	NP	
TRUSOPT (Use dorzolamide hcl)	NF	QL(10 ML per fill retail)
ZERVIATE	NP	
Prostaglandins - Ophthalmic		
bimatoprost SOLN	NP	
IYUZEH SOLN	NP	
latanoprost SOLN	P	QL(3 ML per fill retail)
LUMIGAN SOLN 0.01 %	NP	
tafluprost	NP	
TRAVATAN Z SOLN (Use travoprost)	NF	
TRAVATAN Z SOLN (Use travoprost)	NP	
travoprost SOLN	NP	
VYZULTA	NP	
XALATAN SOLN (Use latanoprost)	NF	
XALATAN SOLN (Use latanoprost)	NP	QL(3 ML per fill retail)
XELPROS EMUL	NP	
ZIOPTAN (Use tafluprost)	NP	
ZIOPTAN (Use tafluprost)	NF	
OTIC AGENTS - Drugs to Treat the Ear		
Otic Agents - Miscellaneous		
acetic acid (otic)	P	QL(15 ML per fill retail)
Otic Anti-infectives		
ciprofloxacin hcl (otic)	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>ofloxacin (otic)</i>	P	QL(10 ML per fill retail)
Otic Combinations		
<i>CIPRODEX (Use ciprofloxacin-dexamethasone)</i>	P	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-dexamethasone</i>	P	QL(7.5 ML per fill retail); 1 max fill(s) per 30 day(s) retail
<i>ciprofloxacin-fluocinolone acetonide</i>	NP	
CORTISPORIN-TC	NP	
<i>neomycin-polymyxin-hc (otic) SOLN</i>	P	QL(10 ML per fill retail)
<i>neomycin-polymyxin-hc (otic) SUSP</i>	P	QL(10 ML per fill retail)
Otic Steroids		
<i>DERMOTIC (Use fluocinolone acetonide (otic))</i>	NP	QL(20 ML per fill retail)
<i>fluocinolone acetonide (otic)</i>	NP	QL(20 ML per fill retail)
<i>hydrocortisone w/acetic acid</i>	NP	QL(10 ML per fill retail)
OXYTOCICS - Drugs to Prevent/Control Uterine Bleeding		
Oxytocics		
<i>methylergonovine maleate TABS PO</i>	P	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - Antibody Drugs to Treat Low Immune System		
Immune Serums		
<i>HYPERRHO S/D SOSY IM 1500 UNIT</i>	P	SP
<i>RHOGAM ULTRA-FILTERED PLUS SOSY IM</i>	P	SP

Drug Name	Drug Tier	Requirements/Limits
PENICILLINS - Drugs to Treat Bacterial Infections		
Aminopenicillins		
<i>amoxicillin CAPS PO</i>	P	
<i>amoxicillin CHEW PO 125 MG, 250 MG</i>	P	
<i>amoxicillin SUSR PO</i>	P	
<i>AMOXICILLIN SUSR PO (Use amoxicillin)</i>	NF	
<i>amoxicillin TABS PO</i>	P	
<i>ampicillin sodium IV 1 GM, 2 GM, 10 GM</i>	P	
<i>ampicillin CAPS PO 500 MG</i>	P	
Natural Penicillins		
<i>BICILLIN L-A SUSY</i>	P	
<i>PENICILLIN G POT IN DEXTROSE</i>	P	
<i>penicillin g potassium 5000000 UNIT, 20000000 UNIT</i>	P	
<i>PENICILLIN G PROCAINE</i>	P	
<i>penicillin g sodium</i>	P	
<i>penicillin v potassium SOLR PO</i>	P	
<i>penicillin v potassium TABS PO</i>	P	
Penicillin Combinations		
<i>amoxicillin & pot clavulanate CHEW PO</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate SUSR PO 28.5 MG/5ML-200 MG/5ML</i>	P	QL(100 ML per fill retail)
<i>amoxicillin & pot clavulanate SUSR PO 42.9 MG/5ML-600 MG/5ML</i>	P	QL(400 ML per fill retail)

Drug Name	Drug Tier	Requirements/Limits
<i>amoxicillin & pot clavulanate SUSR PO 62.5 MG/5ML-250 MG/5ML</i>	P	QL(150 ML per fill retail)
<i>amoxicillin & pot clavulanate SUSR PO 57 MG/5ML-400 MG/5ML</i>	P	QL(200 ML per fill retail)
<i>amoxicillin & pot clavulanate TABS PO 125 MG-500 MG, 125 MG-875 MG</i>	P	QL(20 EA per fill retail)
<i>amoxicillin & pot clavulanate TABS PO 125 MG-250 MG</i>	P	QL(30 EA per fill retail)
<i>amoxicillin & pot clavulanate TB12 PO</i>	NP	QL(40 EA per 30 day(s) retail)
<i>ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM</i>	P	
AUGMENTIN ES-600 SUSR PO (Use <i>amoxicillin & pot clavulanate</i>)	NF	QL(400 ML per fill retail)
AUGMENTIN ES-600 SUSR PO (Use <i>amoxicillin & pot clavulanate</i>)	NP	QL(400 ML per fill retail)
AUGMENTIN SUSR PO 31.25 MG/5ML-125 MG/5ML	P	
AUGMENTIN TABS PO 125 MG-500 MG (Use <i>amoxicillin & pot clavulanate</i>)	NF	QL(20 EA per fill retail)
BICILLIN C-R	P	
BICILLIN C-R 900/300	P	
<i>piperacillin sodium-tazobactam sodium</i>	P	
UNASYN IV 10 GM-5 GM (Use <i>ampicillin & sulbactam sodium</i>)	NF	
ZOSYN	P	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium PO</i>	P	

Drug Name	Drug Tier	Requirements/Limits
PHARMACEUTICAL ADJUVANTS		
Semi Solid Vehicles		
POLYETHYLENE GLYCOL 3350 POWD	P	QL(34 GM daily); RX/OTC
PROGESTINS - Hormone Replacement/Modifying Drugs		
Progestins		
AYGESTIN TABS PO (Use <i>norethindrone acetate</i>)	NP	
<i>medroxyprogesterone acetate PO 2.5 MG, 5 MG, 10 MG</i>	P	MP
<i>megestrol acetate (appetite) PO</i>	NP	
<i>norethindrone acetate TABS PO</i>	NP	
<i>progesterone CAPS PO 200 MG</i>	P	QL(20 EA per 30 day(s) retail)
<i>progesterone CAPS PO 100 MG</i>	P	QL(1 EA daily)
<i>progesterone OIL</i>	P	
PROMETRIUM CAPS PO 100 MG (Use <i>progesterone</i>)	NP	QL(1 EA daily)
PROMETRIUM CAPS PO 100 MG (Use <i>progesterone</i>)	NF	QL(1 EA daily)
PROMETRIUM CAPS PO 200 MG (Use <i>progesterone</i>)	NP	QL(20 EA per 30 day(s) retail)
PROVERA PO 5 MG, 10 MG (Use <i>medroxyprogesterone acetate</i>)	NP	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - Drugs to Treat Mental and Emotional Conditions		
Agents for Chemical Dependency		
<i>acamprosate calcium PO</i>	P	

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Drug Name	Drug Tier	Requirements/Limits
<i>disulfiram PO</i>	P	
LUCEMYRA (Use <i>lofexidine hcl</i>)	P	
Anti-Cataplectic Agents		
SODIUM OXYBATE SOLN PO	NP	SP
XYREM SOLN PO	NP	SP
XYWAV	NP	SP
Antidementia Agents		
ADLARITY PTWK	NP	
ADUHELM	NP	SP
ARICEPT TABS PO 5 MG, 10 MG (Use <i>donepezil hydrochloride</i>)	NP	QL(1 EA daily); MP
ARICEPT TABS PO 23 MG (Use <i>donepezil hydrochloride</i>)	NP	MP
<i>donepezil hydrochloride TABS PO 5 MG, 10 MG</i>	P	QL(1 EA daily); MP
<i>donepezil hydrochloride TABS PO 23 MG</i>	P	MP
<i>donepezil hydrochloride TBDP PO</i>	P	MP
EXELON 13.3 MG/24HR (Use <i>rivastigmine</i>)	NP	
EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use <i>rivastigmine</i>)	NP	QL(1 EA daily)
<i>galantamine hydrobromide CP24 PO</i>	NP	QL(1 EA daily); MP
<i>galantamine hydrobromide SOLN PO</i>	NP	QL(6 ML daily); MP
<i>galantamine hydrobromide TABS PO</i>	NP	QL(2 EA daily); MP
LEQEMBI	NP	SP
<i>memantine hcl CP24 PO</i>	NP	MP
<i>memantine hcl SOLN PO 2 MG/ML</i>	NP	MP
<i>memantine hcl TABS PO</i>	P	QL(2 EA daily); MP

Drug Name	Drug Tier	Requirements/Limits
<i>memantine hcl TABS PO</i>	NP	QL(49 EA per fill retail); MP
NAMENDA TITRATION PAK TABS PO (Use <i>memantine hcl</i>)	NP	QL(49 EA per fill retail); MP
NAMENDA XR CP24 PO 7 MG, 14 MG, 28 MG (Use <i>memantine hcl</i>)	NF	MP
NAMENDA XR CP24 PO 14 MG, 21 MG, 28 MG (Use <i>memantine hcl</i>)	NP	MP
NAMENDA TABS PO (Use <i>memantine hcl</i>)	NP	QL(2 EA daily); MP
NAMENDA TABS PO 10 MG (Use <i>memantine hcl</i>)	NF	QL(2 EA daily); MP
NAMZARIC C4PK	NP	
NAMZARIC CP24	NP	
RAZADYNE ER CP24 PO (Use <i>galantamine hydrobromide</i>)	NF	QL(1 EA daily); MP
<i>rivastigmine 4.6 MG/24HR, 9.5 MG/24HR</i>	NP	QL(1 EA daily)
<i>rivastigmine 13.3 MG/24HR</i>	NP	
<i>rivastigmine tartrate CAPS PO</i>	NP	QL(2 EA daily); MP
Combination Psychotherapeutics		
<i>chlordiazepoxide-amitriptyline PO</i>	P	
LYBALVI	NP	
<i>olanzapine-fluoxetine hcl PO</i>	NP	
<i>perphenazine-amitriptyline PO</i>	P	QL(4 EA daily)
SYMBYAX PO 25 MG-3 MG, 25 MG-6 MG (Use <i>olanzapine-fluoxetine hcl</i>)	NP	
Fibromyalgia Agents		
SAVELLA TITRATION PACK MISC	NP	QL(55 EA per 365 day(s) retail)
SAVELLA TABS PO	NP	QL(2 EA daily)

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
Movement Disorder Drug Therapy			MAVENCLAD (10 TABS) PO	NP	SP
AUSTEDO XR PATIENT TITRATION TEPK	P	SP; PA	MAVENCLAD (4 TABS) PO	NP	SP
AUSTEDO XR TB24 6 MG, 12 MG, 24 MG	P	SP; PA	MAVENCLAD (5 TABS) PO	NP	SP
AUSTEDO TABS	P	SP; PA	MAVENCLAD (6 TABS) PO	NP	SP
INGREZZA CAPS	P	SP; PA	MAVENCLAD (7 TABS) PO	NP	SP
INGREZZA CPPK	P	SP; PA	MAVENCLAD (8 TABS) PO	NP	SP
<i>tetrabenazine PO</i>	NP	SP	MAVENCLAD (9 TABS) PO	NP	SP
XENAZINE PO (<i>Use tetrabenazine</i>)	NP	SP	MAYZENT STARTER PACK TBPK 0.25 MG	NP	SP
Multiple Sclerosis Agents			MAYZENT TABS PO	NP	SP
AMPYRA (<i>Use dalfampridine</i>)	NP	SP	OCREVUS	NP	SP
AUBAGIO PO (<i>Use teriflunomide</i>)	NF	SP	PLEGRIDY STARTER PACK SOAJ	NP	SP
AUBAGIO PO (<i>Use teriflunomide</i>)	NP	SP	PLEGRIDY STARTER PACK SOSY SC	NP	SP
AVONEX PEN AJKT	NP	SP	PLEGRIDY SOAJ	NP	SP
AVONEX PREFILLED PSKT	NP	SP	PLEGRIDY SOSY IM	NP	SP
BAFIERTAM	NP	SP	PONVORY STARTER PACK TBPK	NP	SP
BETASERON KIT	P	SP	PONVORY TABS	NP	SP
BRIUMVI	NP	SP	REBIF REBIDOSE TITRATION PACK SOAJ	P	SP
COPAXONE SOSY 40 MG/ML (<i>Use glatiramer acetate</i>)	NF	SP	REBIF REBIDOSE SOAJ	P	SP
COPAXONE SOSY (<i>Use glatiramer acetate</i>)	P	SP	REBIF TITRATION PACK SOSY	P	SP
<i>dalfampridine</i>	NP	SP	REBIF SOSY	P	SP
<i>dimethyl fumarate CDPK</i>	P	SP	TASCENSO ODT	NP	SP
<i>dimethyl fumarate CPDR</i>	P	SP	TECFIDERA CDPK (<i>Use dimethyl fumarate</i>)	P	SP
EXTAVIA KIT	NP	SP	TECFIDERA CPDR (<i>Use dimethyl fumarate</i>)	P	SP
<i> fingolimod hcl PO</i>	NP	SP	<i>teriflunomide PO</i>	NP	SP
GILENYA PO (<i>Use fingolimod hcl</i>)	P	SP; PA	TYSABRI	NP	SP
<i>glatiramer acetate SOSY</i>	NP	SP	VUMERITY PO	NP	SP
KESIMPTA	NP	SP			
LEMTRADA	NP	SP			

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Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ZEPOSIA 7-DAY STARTER PACK CPPK	NP	SP	NICORETTE MINI LOZG 2 MG (Use nicotine polacrilex)	NF	QL(20 EA daily); 180 day(s) max supply per 365 day(s) retail
ZEPOSIA STARTER KIT CPPK	NP	SP	NICORETTE MINI LOZG 4 MG (Use nicotine polacrilex)	NF	
ZEPOSIA CAPS	NP	SP	NICORETTE STARTER KIT GUM 2 MG (Use nicotine polacrilex)	NF	QL(24 EA daily); 180 day(s) max supply per 365 day(s) retail
Postherpetic Neuralgia (PHN)/Neuropathic Pain Agents			NICORETTE GUM (Use nicotine polacrilex)	NF	QL(24 EA daily); 180 day(s) max supply per 365 day(s) retail
<i>gabapentin (once-daily) TABS PO</i>	NP		NICORETTE LOZG 4 MG (Use nicotine polacrilex)	NF	
GRALISE TABS PO	NP		NICORETTE LOZG 2 MG (Use nicotine polacrilex)	NF	QL(20 EA daily); 180 day(s) max supply per 365 day(s) retail
GRALISE TABS PO (Use <i>gabapentin (once-daily)</i>)	NP		<i>nicotine polacrilex GUM</i>	P	QL(24 EA daily); 180 day(s) max supply per 365 day(s) retail
LYRICA CR (Use <i>pregabalin (once-daily)</i>)	NF		<i>nicotine polacrilex LOZG</i>	P	QL(20 EA daily); 180 day(s) max supply per 365 day(s) retail
LYRICA CR (Use <i>pregabalin (once-daily)</i>)	NP		NICOTINE KIT	P	QL(56 EA per fill retail); 180 day(s) max supply per 365 day(s) retail
<i>pregabalin (once-daily)</i>	NP		<i>nicotine PT24 TD 14 MG/24HR, 21 MG/24HR</i>	P	QL(1 EA daily); 180 day(s) max supply per 365 day(s) retail
Premenstrual Dysphoric Disorder (PMDD) Agents			<i>nicotine PT24 TD 7 MG/24HR</i>	P	180 day(s) max supply per 365 day(s) retail
<i>fluoxetine hcl (pmdd) TABS PO</i>	NP	MP			
Pseudobulbar Affect (PBA) Agents					
NUEDEXTA	NP				
Psychotherapeutic and Neurological Agents - Misc.					
<i>ergoloid mesylates TABS PO</i>	P				
<i>pimozide PO</i>	P				
Restless Leg Syndrome (RLS) Agents					
HORIZANT PO	NP				
Smoking Deterrents					
<i>bupropion hcl (smoking deterrent) PO</i>	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail			
CHANTIX STARTING MONTH PAK TBPK (Use <i>varenicline tartrate</i>)	P	180 day(s) max supply per 365 day(s) retail			

Drug Name	Drug Tier	Requirements/Limits
NICOTROL NS SOLN	P	QL(4 ML daily; 120 ML per 30 day(s) retail); 180 day(s) max supply per 365 day(s) retail
NICOTROL INHA	P	QL(16.8 EA daily; 504 EA per 30 day(s) retail); 180 day(s) max supply per 365 day(s) retail
<i>varenicline tartrate TABS PO</i>	P	QL(2 EA daily); 180 day(s) max supply per 365 day(s) retail
<i>varenicline tartrate TBPK</i>	P	180 day(s) max supply per 365 day(s) retail
Transthyretin Amyloidosis Agents		
AMVUTTRA	NP	SP
TEGSEDI	NP	SP
WAINUA	NP	SP
Vasomotor Symptom Agents		
<i>paroxetine mesylate (vasomotor) PO</i>	NP	
RESPIRATORY AGENTS - MISC. - Drugs to Treat Lung Conditions		
Cystic Fibrosis Agents		
BRONCHITOL	NP	SP
BRONCHITOL TOLERANCE TEST	NP	SP
KALYDECO PACK	NP	SP
KALYDECO TABS	NP	SP
ORKAMBI PACK	NP	SP
ORKAMBI TABS	NP	SP
PULMOZYME	P	SP
SYMDEKO	NP	SP
TRIKAFTA TBPK	NP	SP
TRIKAFTA THPK	NP	SP

Drug Name	Drug Tier	Requirements/Limits
Pulmonary Fibrosis Agents		
<i>ESBRIET CAPS (Use pirfenidone)</i>	NF	SP
<i>ESBRIET CAPS (Use pirfenidone)</i>	NP	SP
<i>ESBRIET TABS PO (Use pirfenidone)</i>	NP	SP
OFEV	NP	SP
<i>pirfenidone CAPS</i>	NP	SP
<i>pirfenidone TABS PO</i>	NP	SP
SULFONAMIDES - Drugs to Treat Bacterial Infections		
Sulfonamides		
<i>sulfadiazine TABS PO</i>	P	
TETRACYCLINES - Drugs to Treat Bacterial Infections		
Aminomethylcyclines		
NUZYRA TABS PO	NP	
Tetracyclines		
<i>demeclocycline hcl TABS PO</i>	P	
DORYX MPC TBEC PO	NP	
DORYX TBEC PO 50 MG, 80 MG, 200 MG (<i>Use doxycycline hyclate</i>)	NP	
<i>doxycycline (monohydrate) CAPS PO</i>	P	
<i>doxycycline (monohydrate) SUSR PO</i>	P	
<i>doxycycline (monohydrate) TABS PO</i>	P	
<i>doxycycline hyclate CAPS PO</i>	P	
<i>doxycycline hyclate SOLR</i>	P	
<i>doxycycline hyclate TABS PO</i>	P	
<i>doxycycline hyclate TBEC PO</i>	NP	

Drug Name	Drug Tier	Requirements/Limits
<i>minocycline hcl CAPS PO</i>	P	
<i>minocycline hcl TABS PO</i>	P	
<i>minocycline hcl TB24 PO</i>	NP	
MINOLIRA TB24 PO	NP	
SOLODYN TB24 PO 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (Use <i>minocycline hcl</i>)	NP	
<i>tetracycline hcl CAPS PO</i>	P	
VIBRAMYCIN CAPS PO (Use <i>doxycycline hyclate</i>)	NP	
VIBRAMYCIN SUSR PO (Use <i>doxycycline (monohydrate)</i>)	NF	
THYROID AGENTS - Drugs to Regulate Thyroid Hormones		
Antithyroid Agents		
<i>methimazole TABS PO</i>	P	MP
<i>propylthiouracil PO</i>	P	MP
Thyroid Hormones		
ADTHYZA TABS PO	P	MP
ARMOUR THYROID TABS PO	P	MP
CYTOMEL TABS PO (Use <i>liothyronine sodium</i>)	NP	MP
ERMEZA SOLN PO	NP	
<i>levothyroxine sodium CAPS PO</i>	NP	
<i>levothyroxine sodium TABS PO</i>	P	MP
<i>liothyronine sodium TABS PO</i>	P	MP
NIVA THYROID TABS PO	P	MP
NP THYROID TABS PO	P	MP
SYNTHROID TABS PO (Use <i>levothyroxine sodium</i>)	NP	MP
THYQUIDITY SOLN PO	NP	

Drug Name	Drug Tier	Requirements/Limits
THYROID TABS PO 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	P	MP
TIROSINT CAPS PO (Use <i>levothyroxine sodium</i>)	NP	
TIROSINT CAPS PO	NP	
TIROSINT-SOL SOLN PO	NP	
TOXOIDS		
Toxoid Combinations		
ADACEL SUSP	P	QL(0.5 ML per 999 day(s) retail)
BOOSTRIX SUSP	P	QL(0.5 ML per 999 day(s) retail)
BOOSTRIX SUSY	P	QL(0.5 ML per 999 day(s) retail)
DAPTACEL	P	
DIPHThERIA-TETANUS TOXOIDS DT SUSP	P	
INFANRIX	P	
KINRIX SUSY	P	
PEDIARIX SUSY	P	
PENTACEL	P	
QUADRACEL SUSP	P	QL(0.5 ML per 999 day(s) retail)
QUADRACEL SUSY	P	
TDVAX SUSP	P	QL(0.5 ML per 999 day(s) retail); AL(At least 19 yrs old)
TENIVAC INJ	P	QL(0.5 ML per 999 day(s) retail); AL(At least 19 yrs old)
TETANUS-DIPHThERIA TOXOIDS TD SUSP	P	QL(0.5 ML per 999 day(s) retail); AL(At least 19 yrs old)

Drug Name	Drug Tier	Requirements/Limits
VAXELIS SUSP	P	
VAXELIS SUSY	P	
ULCER DRUGS - Drugs to Treat Bowel, Intestine and Stomach Conditions		
Antispasmodics		
BELLADONNA ALKALOIDS-OPIUM PR	P	
BENTYL SOLN IM (Use dicyclomine hcl)	NF	
<i>chlordiazepoxide hcl-clidinium bromide PO</i>	NP	
CUVPOSA SOLN PO (Use glycopyrrolate)	NP	
DARTISLA ODT TBDP	NP	
<i>dicyclomine hcl CAPS PO</i>	P	
<i>dicyclomine hcl SOLN PO</i>	P	QL(40 ML daily)
<i>dicyclomine hcl TABS PO</i>	P	
GLYCATE TABS PO	NP	
<i>glycopyrrolate SOLN PO 1 MG/5ML</i>	P	
<i>glycopyrrolate TABS PO 1 MG, 2 MG</i>	P	QL(4 EA daily)
<i>hyoscyamine sulfat ELIX PO</i>	P	
<i>hyoscyamine sulfat SOLN PO 0.125 MG/ML</i>	P	
<i>hyoscyamine sulfat SUBL 0.125 MG</i>	P	
<i>hyoscyamine sulfat TABS PO 0.125 MG</i>	P	
<i>hyoscyamine sulfat TB12 PO 0.375 MG</i>	P	QL(4 EA daily)
<i>hyoscyamine sulfat TBDP PO 0.125 MG</i>	P	
LEVSIN/SL SUBL (Use <i>hyoscyamine sulfat</i>)	NP	
LEVSIN SOLN IJ 0.5 MG/ML (Use <i>hyoscyamine sulfat</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits
LEVSIN TABS PO (Use <i>hyoscyamine sulfat</i>)	NP	
LIBRAX PO (Use <i>chlordiazepoxide hcl-clidinium bromide</i>)	NP	
<i>methscopolamine bromide PO</i>	NP	
ROBINUL-FORTE TABS PO (Use <i>glycopyrrolate</i>)	NP	QL(4 EA daily)
ROBINUL TABS PO (Use <i>glycopyrrolate</i>)	NP	QL(4 EA daily)
H-2 Antagonists		
<i>cimetidine TABS PO</i>	P	RX/OTC
<i>famotidine SUSR PO</i>	P	
<i>famotidine TABS PO 20 MG, 40 MG</i>	P	RX/OTC
<i>nizatidine CAPS PO</i>	P	
PEPCID AC MAXIMUM STRENGTH TABS PO (Use <i>famotidine</i>)	NF	RX/OTC
PEPCID AC MAXIMUM STRENGTH TABS PO (Use <i>famotidine</i>)	NF	RX/OTC
PEPCID AC TABS PO (Use <i>famotidine</i>)	NF	
PEPCID TABS PO (Use <i>famotidine</i>)	NP	RX/OTC
TAGAMET HB 200 TABS PO (Use <i>cimetidine</i>)	NF	RX/OTC
Misc. Anti-Ulcer		
CARAFATE SUSP PO (Use <i>sucralfate</i>)	P	
CARAFATE TABS PO (Use <i>sucralfate</i>)	NP	QL(4 EA daily)
<i>sucralfate SUSP PO</i>	P	
<i>sucralfate TABS PO</i>	P	QL(4 EA daily)
Proton Pump Inhibitors		
ACIPHEX TBEC PO (Use <i>rabeprazole sodium</i>)	NF	

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
ACIPHEX TBEC PO (Use rabeprazole sodium)	NP		PREVACID CPDR PO 30 MG (Use lansoprazole)	NP	QL(2 EA daily)
DEXILANT PO (Use dexlansoprazole)	NP	ST	PRILOSEC PACK PO	NP	
dexlansoprazole PO	NP	ST	PROTONIX PACK (Use pantoprazole sodium)	NP	
esomeprazole magnesium CPDR PO 40 MG	NP		PROTONIX TBEC PO 20 MG (Use pantoprazole sodium)	NP	QL(1 EA daily)
esomeprazole magnesium CPDR PO 20 MG	NP	QL(2 EA daily); RX/OTC	PROTONIX TBEC PO 40 MG (Use pantoprazole sodium)	NP	QL(2 EA daily)
esomeprazole magnesium PACK	NP		rabeprazole sodium TBEC PO	NP	
FIRST PANTOPRAZOLE SUSP	NP		Ulcer Drugs - Prostaglandins		
lansoprazole CPDR PO	NP	QL(2 EA daily)	CYTOTEC PO (Use misoprostol)	NP	
lansoprazole TBDD	P	RX/OTC	misoprostol PO	P	
NEXIUM 24HR CLEAR MINIS CPDR PO (Use esomeprazole magnesium)	NF	QL(2 EA daily); RX/OTC	Ulcer Therapy Combinations		
NEXIUM 24HR CPDR PO (Use esomeprazole magnesium)	NF	QL(2 EA daily); RX/OTC	amoxicillin-clarithromycin w/ lansoprazole THPK	NP	
NEXIUM CPDR PO 40 MG (Use esomeprazole magnesium)	NP		bismuth subcitrate potassium-metronidazole-tetracycline PO	NP	
NEXIUM CPDR PO 20 MG (Use esomeprazole magnesium)	NP	QL(2 EA daily); RX/OTC	KONVOMEPEP SUSR	NP	
NEXIUM PACK (Use esomeprazole magnesium)	NP		omeprazole-sodium bicarbonate CAPS PO	NP	RX/OTC
omeprazole CPDR PO	P	QL(2 EA daily)	omeprazole-sodium bicarbonate PACK PO	NP	
pantoprazole sodium PACK	NP		PYLERA PO (Use bismuth subcitrate potassium-metronidazole-tetracycline)	NP	
pantoprazole sodium TBEC PO 40 MG	P	QL(2 EA daily)	PYLERA PO (Use bismuth subcitrate potassium-metronidazole-tetracycline)	NF	
pantoprazole sodium TBEC PO 20 MG	P	QL(1 EA daily)	TALICIA	NP	
PREVACID 24HR CPDR PO (Use lansoprazole)	NF	QL(2 EA daily); RX/OTC	ZEGERID OTC CAPS PO (Use omeprazole-sodium bicarbonate)	NF	RX/OTC
PREVACID SOLUTAB TBDD (Use lansoprazole)	NP	RX/OTC			

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits			
ZEGERID CAPS PO (<i>Use omeprazole-sodium bicarbonate</i>)	NP	RX/OTC	<i>tolterodine tartrate CP24 PO</i>	NP	QL(1 EA daily); MP			
ZEGERID PACK PO 1680 MG-40 MG (<i>Use omeprazole-sodium bicarbonate</i>)	NF		<i>tolterodine tartrate TABS PO</i>	NP	QL(2 EA daily); MP			
ZEGERID PACK PO (<i>Use omeprazole-sodium bicarbonate</i>)	NP		TOVIAZ (<i>Use fesoterodine fumarate</i>)	NP				
URINARY ANTISPASMODICS - Drugs to Treat Miscellaneous Bladder Spasms Urinary Antispasmodic - Antimuscarinics (Anticholinergic)			<i>tropium chloride CP24 PO</i>	NP	MP			
			<i>tropium chloride TABS PO</i>	NP	QL(2 EA daily); MP			
			VESICARE LS SUSP	NP				
			VESICARE TABS PO (<i>Use solifenacin succinate</i>)	NP	MP			
			Urinary Antispasmodics - Beta-3 Adrenergic Agonists			GEMTESA	NP	
						<i>mirabegron TB24 PO</i>	P	
						<i>mirabegron TB24 PO</i>	P	
						MYRBETRIQ SRER	NP	
						MYRBETRIQ TB24 PO (<i>Use mirabegron</i>)	NP	
			Urinary Antispasmodics - Cholinergic Agonists			<i>bethanechol chloride PO</i>	P	MP
Urinary Antispasmodics - Direct Muscle Relaxants						<i>flavoxate hcl PO</i>	NP	MP
						VACCINES		
Bacterial Vaccines						ACTHIB SOLR IM	P	
			BCG VACCINE	P				
			BEXSERO	P				
			BIOTHRAX	P				
			HIBERIX SOLR IJ	P				
			MENACTRA	P				
			MENQUADFI	P				
			MENVEO SOLN	P				
			MENVEO SOLR	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
PEDVAX HIB SUSP	P		FLUARIX QUADRIVALENT SUSY	P	
PENBRAYA	P		FLUARIX SUSY	P	
PNEUMOVAX 23 SOSY	P		FLUBLOK QUADRIVALENT	P	QL(0.5 ML per fill retail)
PREVNAR 13	P		FLUBLOK SOSY	P	
PREVNAR 20	P		FLUCELVAX QUADRIVALENT SUSP	P	
TRUMENBA	P		FLUCELVAX QUADRIVALENT SUSY	P	
TYPHIM VI SOLN	P		FLUCELVAX SUSP	P	
TYPHIM VI SOSY	P		FLUCELVAX SUSY	P	
VAXCHORA	P		FLULAVAL QUADRIVALENT SUSY	P	
VAXNEUVANCE	P		FLULAVAL SUSY	P	
VIVOTIF PO	P		FLUMIST	P	
Viral Vaccines			FLUMIST QUADRIVALENT	P	QL(1 EA per fill retail); AL(At least 10 yrs old - Up to 49 yrs old)
ABRYSVO	P	AL(At least 60 yrs old)	FLUZONE HIGH-DOSE QUADRIVALENT	P	
ACAM2000	P		FLUZONE HIGH-DOSE SUSY	P	
AFLURIA PRESERVATIVE FREE SUSY	P		FLUZONE QUADRIVALENT SUSP	P	
AFLURIA QUADRIVALENT SUSP	P		FLUZONE QUADRIVALENT SUSY	P	
AFLURIA QUADRIVALENT SUSY 0.5 ML	P		FLUZONE SUSP	P	
AFLURIA SUSP	P		FLUZONE SUSY	P	
AREXVY	P	AL(At least 60 yrs old)	GARDASIL 9 SUSP	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
AUDENZ EMUL	P		GARDASIL 9 SUSY	P	3 max fill(s) per 999 day(s) retail; AL(Up to 45 yrs old)
AUDENZ PRSY	P		HAVRIX	P	
COMIRNATY SUSP	P		HEPLISAV-B SOSY	P	3 max fill(s) per 999 day(s) retail
COMIRNATY SUSY	P				
DENG VAXIA	P				
ENGERIX-B SUSP 20 MCG/ML	P	3 max fill(s) per 999 day(s) retail			
ENGERIX-B SUSY	P	3 max fill(s) per 999 day(s) retail			
FLUAD	P				
FLUAD QUADRIVALENT	P				

Drug Name	Drug Tier	Requirements/Limits	Drug Name	Drug Tier	Requirements/Limits
IMOVAX RABIES SUSR	P		PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P	
IPOL	P		PFIZER-BIONT COVID-19 VAC-TRIS SUSP	P	
IXIARO	P		PFIZER-BIONTECH COVID-19 VACC SUSP	P	
JANSSEN COVID-19 VACCINE	P	QL(0.5 ML per fill retail); AL(At least 18 yrs old)	PREHEVBRIO	P	3 max fill(s) per 999 day(s) retail
JYNNEOS	P		PRIORIX SUSR	P	
M-M-R II SOLR	P		PROQUAD SUSR	P	
MODERNA COVID-19 BIVAL 6M-5Y	P		RABAVERT	P	
MODERNA COVID-19 BIVALENT	P		RECOMBIVAX HB SUSP	P	3 max fill(s) per 999 day(s) retail
MODERNA COVID-19 VAC (BOOSTER) SUSP	P		RECOMBIVAX HB SUSY	P	3 max fill(s) per 999 day(s) retail
MODERNA COVID-19 VAC 6M-11Y SUSP	P		ROTARIX SUSP	P	
MODERNA COVID-19 VAC 6M-11Y SUSY	P		ROTARIX SUSR PO	P	
MODERNA COVID-19 VACC 6M-5Y SUSP	P		ROTATEQ SOLN PO	P	
MODERNA COVID-19 VACCINE SUSP	P		SHINGRIX	P	2 max fill(s) per 999 day(s) retail; AL(At least 50 yrs old)
MRESVIA	P	AL(At least 60 yrs old)	SPIKEVAX COVID-19 VACCINE SUSP	P	
NOVAVAX COVID-19 VACCINE SUSP	P		SPIKEVAX SUSP	P	
NOVAVAX COVID-19 VACCINE SUSY	P		SPIKEVAX SUSY	P	
PFIZER COVID-19 BIVAL 6MO-4YR	P		STAMARIL SUSR	P	
PFIZER COVID-19 VAC BIVAL 5-11	P		TICOVAC	P	
PFIZER COVID-19 VAC BIVALENT	P		TWINRIX SUSY	P	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P		VAQTA	P	
PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	P		VARIVAX SUSR	P	2 max fill(s) per 999 day(s) retail
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	P		YF-VAX INJ	P	
			VAGINAL AND RELATED PRODUCTS		
			Miscellaneous Vaginal Products		
			INTRAROSA	NP	
			TRIMO-SAN	NP	

Illinois YouthCare

Updated February 1, 2025

P = Preferred Drug, NP = Non-Preferred, AL = Age Limit, PA = Prior Authorization, QL = Quantity Limit, SP = Specialty Drug; ST = Step Therapy, RX/OTC = Both RX and OTC NDCs, MP = Maintenance Product, NF = Non-Formulary

Drug Name	Drug Tier	Requirements/Limits
Vaginal Anti-infectives		
CLEOCIN CREA (<i>Use clindamycin phosphate vaginal</i>)	NP	QL(40 GM per fill retail)
CLEOCIN SUPP	P	
<i>clindamycin phosphate vaginal CREA</i>	P	QL(40 GM per fill retail)
CLINDESSE	NP	
GYNAZOLE-1	NP	
<i>metronidazole vaginal</i>	P	QL(70 GM per fill retail)
<i>miconazole nitrate vaginal SUPP 200 MG</i>	P	QL(3 EA per fill retail)
NUVESSA	NP	
<i>terconazole vaginal CREA 0.4 %</i>	P	QL(45 GM per fill retail)
<i>terconazole vaginal CREA 0.8 %</i>	P	QL(20 GM per fill retail)
<i>terconazole vaginal SUPP</i>	P	QL(3 EA per fill retail)
VANDAZOLE	NP	QL(70 GM per fill retail)
XACIATO GEL	NP	
Vaginal Contraceptive - pH Modulators		
PHEXXI	P	
Vaginal Estrogens		
ESTRACE CREA (<i>Use estradiol vaginal</i>)	NP	QL(43 GM per 30 day(s) retail; 129 GM per 90 days mail); MP
<i>estradiol vaginal CREA</i>	P	QL(43 GM per 30 day(s) retail; 129 GM per 90 days mail); MP
<i>estradiol vaginal TABS</i>	NP	MP
ESTRING RING	NP	MP
FEMRING	NP	MP
IMVEXXY MAINTENANCE PACK INST	NP	MP
IMVEXXY STARTER PACK INST	NP	MP

Drug Name	Drug Tier	Requirements/Limits
PREMARIN	P	QL(43 GM per 30 day(s) retail; 129 GM per 90 days mail); MP
VAGIFEM TABS (<i>Use estradiol vaginal</i>)	NP	MP
Vaginal Progestins		
CRINONE GEL	NP	
ENDOMETRIN INST	P	
VASOPRESSORS - Drugs to Treat Heart and Circulation Conditions		
Anaphylaxis Therapy Agents		
AUVI-Q SOAJ 0.1 MG/0.1ML	P	
AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	P	QL(4 EA per 365 day(s) retail)
<i>epinephrine (anaphylaxis) SOAJ</i>	P	QL(4 EA per 365 day(s) retail)
EPIPEN 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	QL(4 EA per 365 day(s) retail)
EPIPEN JR 2-PAK SOAJ (<i>Use epinephrine (anaphylaxis)</i>)	NP	QL(4 EA per 365 day(s) retail)
Neurogenic Orthostatic Hypotension (NOH) - Agents		
<i>droxidopa</i>	NP	SP
NORTHERA (<i>Use droxidopa</i>)	NP	SP
Vasopressors		
<i>midodrine hcl PO</i>	P	MP
VITAMINS		
Oil Soluble Vitamins		
BABY DDROPS LIQD PO (<i>Use cholecalciferol</i>)	NF	
<i>cholecalciferol CAPS PO</i>	P	

Drug Name	Drug Tier	Requirements/ Limits
<i>cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML</i>	P	
<i>cholecalciferol TABS PO 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG</i>	P	
D3 BABY DROPS LIQD PO	P	
DRISDOL CAPS PO (<i>Use ergocalciferol</i>)	NF	
D-VI-SOL LIQD PO (<i>Use cholecalciferol</i>)	NF	
EQ D3 DROPS INFANTS/CHILDRENS LIQD PO	P	
<i>ergocalciferol CAPS PO</i>	P	
<i>ergocalciferol SOLN PO 200 MCG/ML</i>	P	
MEPHYTON TABS PO (<i>Use phytonadione</i>)	NF	
<i>phytonadione TABS PO 5 MG</i>	P	
UPSPRING BABY VIT D LIQD PO	P	
VITAMIN D3 LIQD PO 125 MCG/ML	P	
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ADVOCATE ALCOHOL PREP PADS113	AEMCOLO PO37	AEROECLIPSE EZ TWIST TUBING MISC122
ADVOCATE BLOOD GLUCOSE MONITOR DEVI 97	AEROBIKA DEVI 122	AEROECLIPSE MASK LARGE MISC122
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ADVOCATE INSULIN PEN NEEDLES114	AEROCHAMBER MINI CHAMBER DEVI 122	AEROECLIPSE MASK SMALL MISC123
ADVOCATE INSULIN SYRINGE 114	AEROCHAMBER MV MISC122	AEROTRACH PLUS MISC123
ADVOCATE LANCETS 97	AEROCHAMBER PLS FLOVU MTHPIECE DEVI122	AEROVENT PLUS DEVI 123
ADVOCATE LANCETS 30G97	AEROCHAMBER PLUS FLO-VU INTERM DEVI 122	AFINITOR DISPERZ TBSO (Use everolimus) 42
ADVOCATE LANCING DEVICE MISC97	AEROCHAMBER PLUS FLO-VU LARGE DEVI 122	AFINITOR TABS (Use everolimus) 42
ADVOCATE RAPID-SAFE LANCING	AEROCHAMBER PLUS FLO-VU LARGE MISC122	
	AEROCHAMBER PLUS FLO-VU MEDIUM DEVI122	
	AEROCHAMBER PLUS FLO-VU MEDIUM MISC 122	

AFLURIA PRESERVATIVE FREE SUSY	163	AIRBORNE ELDERBERRY CHEW PO 90 MG-3.15 MCG-3.35 MG-7.5 MG-1 MG-150 MG	133	alclometasone dipropionate OINT	67
AFLURIA QUADRIVALENT SUSP 163		AIRBORNE KIDS CHEW PO	133	ALCOH-GLOVE CONTOURED WIPE	113
AFLURIA QUADRIVALENT SUSY 0.5 ML	163	AIRBORNE+GOOD REST CHEW PO	133	ALCOHOL PADS	113
AFLURIA SUSP	163	AIRBORNE+PROBIOTIC CHEW PO 133		ALCOHOL PREP	113
AFREZZA POWD 4 UNIT, 8 UNIT, 12 UNIT	26	AIRDUO DIGIHALER	15	ALCOHOL PREP PADS	113
AFSTYLA 250 UNIT, 500 UNIT, 1000 UNIT, 1500 UNIT, 2000 UNIT, 2500 UNIT	86	AIRDUO RESPICLICK 113/14 AEPB (Use fluticasone-salmeterol)	15	ALCOHOL SWABS	113
AGAMATRIX AMP DEVI	97	AIRDUO RESPICLICK 232/14 AEPB (Use fluticasone-salmeterol)	15	ALCOHOL SWABSTICK	113
AGAMATRIX AMP TEST STRP ...	74	AIRDUO RESPICLICK 55/14 AEPB (Use fluticasone-salmeterol)	15	ALDACTAZIDE PO (Use spironolactone & hydrochlorothiazide)	78
AGAMATRIX JAZZ TEST STRP ..	74	AIRS PEDIATRIC AEROSOL MASK MISC	123	ALDACTONE TABS PO (Use spironolactone)	79
AGAMATRIX JAZZ WIRELESS 2 KIT	97	AIRSUPRA	15	ALECENSA	42
AGAMATRIX KEYNOTE TEST STRP	74	AJOVY SOAJ	128	alendronate sodium SOLN PO	79
AGAMATRIX PRESTO KIT	97	AJOVY SOSY	128	alendronate sodium TABS PO 10 MG	79
AGAMATRIX PRESTO PRO METER DEVI	97	AKEEGA	41	alendronate sodium TABS PO 35 MG, 70 MG	79
AGAMATRIX PRESTO TEST STRP .	74	AKTEN	150	ALEVE TABS PO (Use naproxen sodium)	5
AGAMATRIX ULTRA-THIN LANCETS	97	AKYNZEO PO	30	alfuzosin hcl PO	86
AGAMREE	59	albendazole PO	12	ALGAE BASED CALCIUM TABS PO 133	
AGRYLIN PO 0.5 MG (Use anagrelide hcl)	87	albuterol sulfate AERS	15	ALGICELL CALCIUM DRESS 3/4"X12 MISC	73
AIMOVIG	128	albuterol sulfate NEBU 2.5 MG/0.5ML	15	ALGICELL CALCIUM DRESSING 2"X2 MISC	73
AIMSCO LUBRICATED MISC	95	albuterol sulfate NEBU	15	ALGICELL CALCIUM DRESSING 4"X4 MISC	73
AIMSCO TWIST LANCETS 32G ..	97	albuterol sulfate SYRP PO	15	ALGICELL CALCIUM DRESSING 4"X8 MISC	73
AIMSCO TWIST LANCETS 33G ..	97	ALCAINE (Use proparacaine hcl) 150		ALGISITE M 2"X2" MISC	73
AIRBORNE CHEW PO	133	alclometasone dipropionate CREA 67		ALGISITE M 3/4"X12" MISC	73

ALGISITE M 4"X4" MISC	73	PO	133	ALPHANATE SOLR	86
ALGISITE M 6"X8" MISC	73	ALKINDI SPRINKLE CPSP	59	ALPHANINE SD 500 UNIT, 1000 UNIT, 1500 UNIT	86
aliskiren fumarate PO	37	ALL FLOW 1000 PFT FILTER DEVI . 123		ALPRAZOLAM INTENSOL CONC	13
ALIVE ADULT PREMIUM CHEW PO	133	ALL FLOW 1000 PFT FILTER MISC . 123		alprazolam TABS PO	13
ALIVE DIABETIC MULTIVITAMIN TABS PO	133	ALL FLOW 2000 PFT FILTER DEVI . 123		alprazolam TB24 PO	13
ALIVE ENERGY 50+ TABS PO ..	133	ALL FLOW 3000 PFT FILTER DEVI . 123		alprazolam TBDP PO	13
ALIVE GUMMIES FOR CHILDREN CHEW PO	142	ALL FLOW 4000 PFT FILTER DEVI . 123		ALPROLIX	86
ALIVE HAIR, SKIN & NAILS CHEW PO	133	ALL FLOW 5000 PFT FILTER DEVI . 123		ALREX SUSP (Use loteprednol etabonate)	151
ALIVE MENS 50+ MULTI GUMMY CHEW PO	133	ALL FLOW 6000 PFT FILTER DEVI . 123		ALTACE CAPS PO 1.25 MG, 2.5 MG, 5 MG, 10 MG (Use ramipril) ..	34
ALIVE MENS 50+ TABS PO	133	ALL FLOW 7000 PFT FILTER DEVI . 123		ALTOPREV TB24 PO 20 MG, 40 MG, 60 MG	33
ALIVE MENS COMPLETE MULTI TABS PO	133	ALLEGRA ALLERGY TABS PO 180 MG (Use fexofenadine hcl)	180 31	ALTRENO LOTN	62
ALIVE MENS GUMMY MULTIVITAMINS CHEW PO	133	ALLEGRA ALLERGY TABS PO 60 MG (Use fexofenadine hcl)	60 32	ALTRIXA TABS PO	141
ALIVE MULTI-VITAMIN CHEW PO 133		allopurinol PO 100 MG, 300 MG ..	86	alum & mag hydrox-simethicone LIQD PO	11
ALIVE MULTI-VITAMIN CHILDRENS CHEW PO	142	allopurinol PO 200 MG	86	alum & mag hydrox-simethicone SUSP PO 1200 MG/30ML-120 MG/30ML-1200 MG/30ML, 200 MG/5ML-20 MG/5ML-200 MG/5ML, 400 MG/10ML-40 MG/10ML-400 MG/10ML	11
ALIVE ONCE DAILY WOMENS TABS PO	133	almotriptan malate PO	128	ALUMINUM HYDROXIDE GEL SUSP PO	11
ALIVE ULTRA POTENCY WOMENS 50+ TABS PO	133	alogliptin benzoate	26	ALUNBRIG TABS PO	42
ALIVE WOMENS 50+ CHEW PO	133	alogliptin-metformin hcl	24	ALUNBRIG TBPK	42
ALIVE WOMENS 50+ COMPLETE MV TABS PO	133	alogliptin-pioglitazone 15 MG-25 MG, 30 MG-12.5 MG, 30 MG-25 MG, 45 MG-25 MG	24	ALVESCO	14
ALIVE WOMENS 50+ GUMMY CHEW PO	133	ALOMIDE	152	alvimopan PO	85
ALIVE WOMENS ENERGY TABS PO	133	alose tron hcl PO	84	amantadine hcl CAPS PO	44
ALIVE WOMENS GUMMY CHEW		ALPHAGAN P (Use brimonidine tartrate)	149	amantadine hcl SOLN	44
				amantadine hcl TABS PO	44
				AMARYL PO 1 MG, 2 MG (Use	

glimepiride)	28	PO	36	CP24 PO 12.5 MG, 25 MG, 37.5 MG, 50 MG	1
AMARYL PO 4 MG (Use glimepiride) 28		amlodipine besylate-olmesartan medoxomil PO	36	amphetamine-dextroamphetamine CP24 PO 5 MG, 10 MG, 15 MG, 20 MG, 25 MG, 30 MG	1
AMBIEN CR TBCR PO (Use zolpidem tartrate)	89	amlodipine besylate-valsartan PO amlodipine-valsartan- hydrochlorothiazide PO	36	amphetamine-dextroamphetamine TABS PO	1
AMBIEN TABS PO (Use zolpidem tartrate)	89	amoxapine PO	24	ampicillin & sulbactam sodium IV 1 GM-0.5 GM, 10 GM-5 GM, 2 GM-1 GM	154
ambrisentan PO	55	amoxicillin & pot clavulanate CHEW PO	153	ampicillin CAPS PO 500 MG	153
AMD FOAM DRESSING PADS ...	92	amoxicillin & pot clavulanate SUSR PO 28.5 MG/5ML-200 MG/5ML ..	153	ampicillin sodium IV 1 GM, 2 GM, 10 GM	153
AMD FOAM DRESSING TOPSHEET PADS	92	amoxicillin & pot clavulanate SUSR PO 42.9 MG/5ML-600 MG/5ML ..	153	AMPYRA (Use dalfampridine) ...	156
AMELUZ GEL	65	amoxicillin & pot clavulanate SUSR PO 57 MG/5ML-400 MG/5ML	154	AMRIX CP24 PO (Use cyclobenzaprine hcl)	147
AMICAR TABS PO 500 MG (Use aminocaproic acid)	89	amoxicillin & pot clavulanate SUSR PO 62.5 MG/5ML-250 MG/5ML ..	154	AMVUTTRA	158
amikacin sulfate SOLN 1 GM/4ML, 500 MG/2ML	3	amoxicillin & pot clavulanate TABS PO 125 MG-250 MG	154	ANAFRANIL PO (Use clomipramine hcl)	24
amiloride & hydrochlorothiazide PO 79		amoxicillin & pot clavulanate TABS PO 125 MG-500 MG, 125 MG-875 MG	154	anagrelide hcl PO	87
amiloride hcl TABS PO	79	amoxicillin & pot clavulanate TB12 PO	154	anastrozole PO	41
aminocaproic acid TABS PO 500 MG	89	amoxicillin CAPS PO	153	ANCOBON PO (Use flucytosine) ..	30
amiodarone hcl TABS PO	13	amoxicillin CHEW PO 125 MG, 250 MG	153	ANDROGEL GEL TD 25 MG/2.5GM (Use testosterone)	10
AMITIZA PO (Use lubiprostone) ...	83	AMOXICILLIN SUSR PO (Use amoxicillin)	153	ANDROGEL PUMP GEL TD (Use testosterone)	10
amitriptyline hcl TABS PO	24	amoxicillin SUSR PO	153	ANGELIQ	82
AMJEVITA SOAJ	4	amoxicillin TABS PO	153	ANNOVERA	58
AMJEVITA SOSY	4	amoxicillin-clarithromycin w/ lansoprazole THPK	161	ANORO ELLIPTA	15
AMJEVITA-PED 10KG TO <15KG SOSY	4	amphetamine sulfate TABS PO	1	ANTARA PO 30 MG	33
AMJEVITA-PED 15KG TO <30KG SOSY	4	amphetamine-dextroamphetamine		ANTARA PO 90 MG (Use fenofibrate micronized)	33
amlodipine besylate TABS PO	53			ANTI-DIARRHEAL LIQD PO	29
amlodipine besylate-atorvastatin calcium PO	55			ANTIOXIDANT FORMULA TABS PO	
amlodipine besylate-benazepril hcl					

.....133	ARAZLO LOTN 62	AEPB .....14
ANTIVERT CHEW PO (Use meclizine hcl) .....30	ARCALYST 5	ASMANEX (60 METERED DOSES) AEPB .....14
ANTIVERT TABS PO 50 MG (Use meclizine hcl) .....30	AREXVY 163	ASMANEX HFA AERO 14
ANUSOL-HC EX (Use hydrocortisone (rectal)) 11	arformoterol tartrate 15	aspirin buffered (cal carb-mag carb- mag oxide) PO 8
ANZEMET TABS PO 50 MG 30	ARICEPT TABS PO 23 MG (Use donepezil hydrochloride) 155	aspirin CHEW PO 8
APEXICON E CREA .....67	ARICEPT TABS PO 5 MG, 10 MG (Use donepezil hydrochloride) ....155	aspirin-dipyridamole PO 87
APIDRA SOLN .....26	ARIKAYCE .....3	ASPRUZYO SPRINKLE PACK ....12
APIDRA SOLOSTAR SOPN .....26	ARIMIDEX PO (Use anastrozole) . 41	ASSURE 3 METER KIT 97
APLENZIN PO .....21	aripiprazole SOLN PO 47	ASSURE 3 TEST STRP 74
APOKYN SOCT 44	aripiprazole TABS PO 47	ASSURE 4 METER DEVI 97
apomorphine hydrochloride SOCT 44	aripiprazole TBDP PO 47	ASSURE 4 TEST STRP 74
apraclonidine hcl 149	ARISTADA 48	ASSURE COMFORT LANCETS 28G.....97
aprepitant CAPS PO .....30	ARISTADA INITIO 48	ASSURE HAEMOLANCE PLUS HIGH 97
aprepitant MISC PO .....30	ARIXTRA (Use fondaparinux sodium) .....16	ASSURE HAEMOLANCE PLUS LOW .....97
APRETUDE 48	armodafinil PO .....2	ASSURE HAEMOLANCE PLUS MICRO 97
APRISO CP24 (Use mesalamine) .84	ARMONAIR DIGIHALER .....14	ASSURE HAEMOLANCE PLUS NORMAL 97
APTENSIO XR CP24 PO (Use methylphenidate hcl)2	ARMOUR THYROID TABS PO .. 159	ASSURE HAEMOLANCE PLUS PED97
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APTIVUS CAPS 48	AROMASIN PO (Use exemestane) 41	ASSURE ID INSULIN SAFETY SYR 114
AQ INSULIN SYRINGE .....114	ARTHROTEC TBEC PO (Use diclofenac w/ misoprostol) .....5	ASSURE ID PRO PEN NEEDLES 114
AQINJECT PEN NEEDLE 114	ASACOL HD TBEC PO (Use mesalamine) 84	ASSURE ID SAFETY PEN NEEDLES114
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AQUORAL SOLN132	ASMANEX (120 METERED DOSES) AEPB14	
ARANESP (ALBUMIN FREE) SOLN . 88	ASMANEX (14 METERED DOSES) AEPB14	
ARANESP (ALBUMIN FREE) SOSY . 88	ASMANEX (30 METERED DOSES)	
ARAVA PO (Use leflunomide) 7		

ASSURE II STRP	74	atomoxetine hcl PO 10 MG, 18 MG, 25 MG, 40 MG, 60 MG, 100 MG	1	AUM PEN NEEDLE	114
ASSURE LANCE LANCETS	97	atomoxetine hcl PO 80 MG	1	AUM PEN NEEDLE	115
ASSURE LANCE LANCETS 21G .	97	ATORVALIQ SUSP	33	AUM READYGARD DUO PEN NEEDLE	115
ASSURE LANCE PLUS SAFETY 25G	97	atorvastatin calcium TABS PO	33	AUM SAFETY PEN NEEDLE	115
ASSURE LANCE PLUS SAFETY 30G	97	atovaquone PO	38	AURORA LANCET SUPER THIN 30G	98
ASSURE LANCE SAFETY LANCET 28G	97	atovaquone-proguanil hcl PO	39	AURORA LANCET THIN 23G	98
ASSURE PLATINUM METER DEVI 97		ATRALIN GEL (Use tretinoin)	62	AURORA PEN NEEDLES	115
ASSURE PLATINUM STRP	74	ATRIPLA PO (Use efavirenz- emtricitabine-tenofovir disoproxil fumarate)	48	AURORA UNIFINE PENTIPS ...	115
ASSURE PRISM MULTI METER DEVI	98	atropine sulfate (ophthalmic) OINT 149		AURYXIA	85
ASSURE PRISM MULTI TEST STRP	74	atropine sulfate (ophthalmic) SOLN 149		AUSTEDO TABS	156
ASSURE PRO BLOOD GLUCOSE METER DEVI	98	ATROPINE SULFATE SOLN 1 % 149		AUSTEDO XR PATIENT TITRATION TEPK	156
ASSURE PRO TEST STRP	74	ATROVENT HFA	14	AUSTEDO XR TB24 6 MG, 12 MG, 24 MG	156
ASTAGRAF XL CP24	131	AUBAGIO PO (Use teriflunomide) 156		AUTO-LANCET MINI MISC	98
ATACAND HCT PO (Use candesartan cilexetil- hydrochlorothiazide)	36	AUDENZ EMUL	163	AUTO-LANCET MISC	98
ATACAND PO (Use candesartan cilexetil)	35	AUDENZ PRSY	163	AUTOLET II CLINISAFE KIT	98
atazanavir sulfate CAPS PO	48	AUGMENTIN ES-600 SUSR PO (Use amoxicillin & pot clavulanate) 154		AUTOLET LANCING DEVICE MISC . 98	
ATELVIA TBEC PO (Use risedronate sodium)	79	AUGMENTIN SUSR PO 31.25 MG/5ML-125 MG/5ML	154	AUTOLET LITE CLINISAFE KIT ..	98
atenolol & chlorthalidone PO	36	AUGMENTIN TABS PO 125 MG-500 MG (Use amoxicillin & pot clavulanate)	154	AUTOLET LITE STARTER PACK KIT	98
atenolol TABS PO	52	AUGTYRO PO 40 MG	42	AUTOLET MINI MISC	98
ATIVAN TABS PO 0.5 MG, 2 MG (Use lorazepam)	13	AUM INSULIN SAFETY PEN NEEDLE	114	AUTOLET PLUS MISC	98
ATIVAN TABS PO 1 MG (Use lorazepam)	13	AUM MINI INSULIN PEN NEEDLE 114		AUVELITY	21
				AUVI-Q SOAJ 0.1 MG/0.1ML	165
				AUVI-Q SOAJ 0.15 MG/0.15ML, 0.3 MG/0.3ML	165
				AVALIDE PO (Use irbesartan- hydrochlorothiazide)	36
				AVAPRO PO (Use irbesartan)	35

AVAR LS CLEANSER LIQD (Use sulfacetamide sodium w/ sulfur) ... 62	azithromycin TABS PO 600 MG ... 91	BALVERSA 42
AVAR-E LS CREA (Use sulfacetamide sodium w/ sulfur) ... 62	AZO HORMONAL HEALTH CYCLE CARE TABS PO 133	BAND-AID FLEXIBLE ROLLED GAUZE MISC 92
AVODART PO (Use dutasteride) .. 86	AZO HORMONAL HEALTH HAPPY CYCL TABS PO 133	BAND-AID GAUZE LARGE PADS 92
AVONEX PEN AJKT 156	AZOPT (Use brinzolamide) 152	BAND-AID GAUZE MEDIUM PADS 92
AVONEX PREFILLED PSKT 156	AZOR PO (Use amlodipine besylate- olmesartan medoxomil) 36	BAND-AID GAUZE SMALL PADS .92
AVSOLA 84	AZSTARYS 2	BAND-AID KLING ROLLED GAUZE LG MISC 92
AVYCAZ 56	aztreonam 39	BAND-AID KLING ROLLED GAUZE MD MISC 92
AYGESTIN TABS PO (Use norethindrone acetate) 154	AZULFIDINE EN-TABS TBEC PO (Use sulfasalazine) 84	BAND-AID KLING ROLLED GAUZE SM MISC 92
AYVAKIT 41	AZULFIDINE TABS PO (Use sulfasalazine) 84	BAND-AID TRU-ABSORB GAUZE PADS 92
AZACTAM (Use aztreonam) 39	BABY DDROPS LIQD PO (Use cholecalciferol) 165	BANZEL SUSP (Use rufinamide) .. 18
AZASITE 149	azathioprine TABS PO 50 MG ... 131	BANZEL TABS PO (Use rufinamide) . 18
azathioprine TABS PO 75 MG, 100 MG 131	azathioprine TABS PO 75 MG, 100 MG 131	BAQSIMI ONE PACK POWD 25
azelaic acid GEL 72	azelaic acid GEL 72	BAQSIMI TWO PACK POWD 25
azelastine hcl (ophth) 152	azelastine hcl (ophth) 152	BARACLUDE SOLN 51
azelastine hcl 0.1 %, 137 MCG/SPRAY 147	azelastine hcl 0.1 %, 137 MCG/SPRAY 147	BARACLUDE TABS PO (Use entecavir) 51
azelastine hcl 0.15 % 147	azelastine hcl 0.15 % 147	BARIATRIC FUSION CHEW PO .133
azelastine hcl-fluticasone propionate SUSP 147	azelastine hcl-fluticasone propionate SUSP 147	BARIATRIC MULTIVITAMIN/IRON CHEW PO 133
AZILECT PO (Use rasagiline mesylate) 45	AZILECT PO (Use rasagiline mesylate) 45	BARIATRIC MULTIVITAMINS CHEW PO 134
azithromycin PACK PO 91	azithromycin PACK PO 91	BARIATRIC MULTIVITAMINS/IRON CHEW PO 133
azithromycin SUSR PO 100 MG/5ML 91	azithromycin SUSR PO 100 MG/5ML 91	BASAGLAR KWIKPEN SOPN 26
azithromycin SUSR PO 200 MG/5ML 91	azithromycin SUSR PO 200 MG/5ML 91	BASIC AM TABS PO 134
azithromycin TABS PO 250 MG ... 91	azithromycin TABS PO 250 MG ... 91	BASIC PM TABS PO 134
azithromycin TABS PO 500 MG ... 91	azithromycin TABS PO 500 MG ... 91	BAXDELA TABS 83
	balsalazide disodium CAPS PO ... 84	

BCG VACCINE	162	BD PEN NEEDLE NANO 2ND GEN .	115	BENADRYL ALLERGY TABS PO (Use diphenhydramine hcl)	31
b-complex w/ c & folic acid CAPS PO	132	BD PEN NEEDLE NANO U/F ...	115	BENADRYL ALLERGY ULTRATABS TABS PO (Use diphenhydramine hcl)	31
b-complex w/ c & folic acid TABS PO 132		BD PEN NEEDLE ORIGINAL U/F	115	benazepril & hydrochlorothiazide PO	36
BD AUTOSHIELD	115	BD PEN NEEDLE SHORT U/F ..	115	benazepril hcl PO 40 MG	34
BD AUTOSHIELD DUO	115	BD PLASTIPAK SYRINGE	115	benazepril hcl PO 5 MG, 10 MG, 20 MG	34
BD ECLIPSE SYRINGE	115	BD SAFETYGLIDE INSULIN SYRINGE	115	BENEFIX KIT	86
BD ECLIPSE SYRINGE/NEEDLE 115		BD SAFETYGLIDE NEEDLE	115	BENICAR HCT PO (Use olmesartan medoxomil-hydrochlorothiazide) ...	36
BD INSULIN SYR ULTRAFINE II 115		BD SAFETYGLIDE SHIELDED NEEDLE	115	BENICAR PO (Use olmesartan medoxomil)	35
BD INSULIN SYRINGE	115	BD SAFETYGLIDE SYRINGE/NEEDLE	115	BENLYSTA SOAJ	132
BD INSULIN SYRINGE HALF-UNIT . 115		BD SAFETY-LOK INSULIN SYRINGE	115	BENLYSTA SOSY	132
BD INSULIN SYRINGE MICROFINE	115	BD SWAB SINGLE USE REGULAR	113	BENSAL HP OINT	70
BD INSULIN SYRINGE U/F	115	BD SYRINGE SLIP TIP	115	BENTYL SOLN IM (Use dicyclomine hcl)	160
BD INSULIN SYRINGE U/F 1/2UNIT	115	BD SYRINGE/NEEDLE	115	BENZAMYCIN GEL (Use benzoyl peroxide-erythromycin)	62
BD INSULIN SYRINGE ULTRAFINE	115	BD VEO INSULIN SYR U/F 1/2UNIT	115	BENZNIDAZOLE	12
BD INTEGRA SYRINGE	115	BD VEO INSULIN SYRINGE U/F	115	benzonatate PO 100 MG	60
BD LANCET ULTRAFINE 30G ...	98	BECONASE AQ	148	benzonatate PO 200 MG	60
BD LANCET ULTRAFINE 33G ...	98	BELBUCA FILM	10	benzoyl peroxide-erythromycin GEL . 62	
BD LATITUDE DIABETES KIT	98	BELLADONNA ALKALOIDS-OPIUM PR	160	benztropine mesylate TABS PO ...	44
BD LOGIC BLOOD GLUCOSE MONITOR KIT	98	BELSOMRA	90	bepotastine besilate	152
BD LUER-LOCK SYRINGE	115	BENADRYL ALLERGY CAPS PO (Use diphenhydramine hcl)	31	BEPREVE (Use bepotastine besilate)	152
BD LUER-LOK SYRINGE	115	BENADRYL ALLERGY CHILDRENS LIQD PO (Use diphenhydramine hcl) 31		BERINERT KIT	87
BD MICROTAINER LANCETS ...	98			BESIVANCE	150
BD PEN NEEDLE MICRO U/F ..	115			BETADINE OPHTHALMIC PREP	
BD PEN NEEDLE MINI U/F	115				

150	bexarotene PO	43	BIOTEL CARE TEST STRIPS STRP 74
betaine PO	BEXSERO	162	BIOTHRAX
betamethasone dipropionate (topical) CREA	BEYAZ PO (Use drospirenone- ethinyl estradiol-levomefolate calcium)	57	bisacodyl SUPP PR
betamethasone dipropionate (topical) LOTN	bicalutamide PO	41	bisacodyl TBEC PO
betamethasone dipropionate (topical) OINT	BICILLIN C-R	154	bismuth subcitrate potassium- metronidazole-tetracycline PO ...
betamethasone dipropionate augmented CREA	BICILLIN C-R 900/300	154	bismuth subsalicylate CHEW PO 262 MG
betamethasone dipropionate augmented GEL 0.05 %	BICILLIN L-A SUSY	153	bismuth subsalicylate SUSP PO 525 MG/15ML, 1050 MG/30ML
betamethasone dipropionate augmented LOTN	BIDIL PO (Use isosorbide dinitrate- hydralazine hcl)	55	bismuth subsalicylate TABS PO ...
betamethasone dipropionate augmented OINT	BIGFOOT UNITY PROGRAM KIT	.98	bisoprolol & hydrochlorothiazide PO . 36
betamethasone valerate CREA ...	BIJUVA	82	bisoprolol fumarate PO
betamethasone valerate FOAM ...	BIKTARVY 120 MG-30 MG-15 MG 48		BLOOD GLUCOSE MONITOR SYSTEM KIT
betamethasone valerate LOTN ...	BIKTARVY 200 MG-50 MG-25 MG 48		BLOOD GLUCOSE MONITORING 333 DEVI
betamethasone valerate OINT ...	BILTRICIDE PO (Use praziquantel) 12		BLOOD GLUCOSE SYSTEM PAK KIT
BETAPACE AF PO (Use sotalol hcl (afib/af))	bimatoprost SOLN	152	BLOOD GLUCOSE TEST STRIPS 333 STRP
BETAPACE TABS PO 80 MG, 120 MG, 160 MG (Use sotalol hcl)	BIMZELX SOAJ 160 MG/ML	65	BLOOD GLUCOSE TEST STRP ..
BETASERON KIT	BIMZELX SOSY 160 MG/ML	65	BLULINK GLUCOSE MONITORING SYS DEVI
betaxolol hcl (ophth) SOLN	BINAXNOW COVID-19 AG HOME TEST KIT	74	BLULINK GLUCOSE TEST STRP .74
betaxolol hcl PO	BINOSTO TBEF PO	80	BONEUP VEGETARIAN TABS PO 134
bethanechol chloride PO	BIOGUARD BARRIER DRESSING MISC	92	BONJESTA TBCR
BETHKIS NEBU (Use tobramycin) .3	BIOGUARD GAUZE SPONGES PADS	92	BOOSTRIX SUSP
BETIMOL	BIOLYTE SOLN PO	129	BOOSTRIX SUSY
BETOPTIC-S SUSP	BIOTEL CARE BLOOD GLUCOSE KIT	98	bosentan TABS
BEVESPI AEROSPHERE	BIOTEL CARE BLOOD GLUCOSE SYST KIT	98	BOSULIF CAPS
bexarotene (topical)			

BOSULIF TABS	42	BRIVIACT SOLN PO 10 MG/ML ...	18	(cal carb-mag carb-mag oxide))	8
BPROTECTED PEDIA POLY-VITE SOLN PO	144	BRIVIACT TABS	18	bumetanide TABS PO	79
BPROTECTED PEDIA POLY-VITE/FE SOLN PO	144	BRIXADI (WEEKLY) SOSY	10	BUMEX TABS PO 0.5 MG (Use bumetanide)	79
BRAFTOVI PO 75 MG	42	BRIXADI SOSY 64 MG/0.18ML, 96 MG/0.27ML, 128 MG/0.36ML	10	BUPHENYL POWD PO (Use sodium phenylbutyrate)	80
BREATHE COMFORT CHAMBER/ADULT DEVI	123	bromfenac sodium (ophth) 0.07 %, 0.09 %	152	BUPHENYL TABS PO (Use sodium phenylbutyrate)	80
BREATHE COMFORT CHAMBER/CHILD DEVI	123	bromocriptine mesylate CAPS PO ..	44	buprenorphine hcl SUBL	10
BREATHE EASE LARGE DEVI ..	123	bromocriptine mesylate TABS PO 2.5 MG	44	buprenorphine hcl-naloxone hcl dihydrate FILM SL	10
BREATHE EASE MEDIUM DEVI	123	brompheniramine & phenyleph ELIX PO	60	buprenorphine hcl-naloxone hcl dihydrate SUBL	10
BREATHE EASE NEB MASK/CHILD MISC	123	brompheniramine & pseudoeph ELIX PO	60	buprenorphine PTWK	10
BREATHE EASE NEB MASK/INFANT MISC	123	brompheniramine & pseudoeph LIQD PO 15 MG/5ML-1 MG/5ML	60	bupropion hcl (smoking deterrent) PO	157
BREATHE EASE SMALL DEVI ..	123	BROMSITE (Use bromfenac sodium (ophth))	152	bupropion hcl TABS PO	21
BREATHERITE VALVED MDI CHAMBER DEVI	123	BRONCHITOL	158	bupropion hcl TB12 PO 100 MG ..	21
BREO ELLIPTA (Use fluticasone furoate-vilanterol)	15	BRONCHITOL TOLERANCE TEST ..	158	bupropion hcl TB12 PO 150 MG ..	21
BREO ELLIPTA	15	BROVANA (Use arformoterol tartrate)	15	bupropion hcl TB12 PO 200 MG ..	21
BREXAFEMME	30	BRUKINSA	42	bupropion hcl TB24 PO 150 MG ..	21
BREZTRI AEROSPHERE	15	BRYHALI LOTN	67	bupropion hcl TB24 PO 300 MG ..	21
BRILINTA PO	87	BUBBLES THE FISH II PEDI MASK MISC	123	bupropion hcl TB24 PO 450 MG ..	21
brimonidine tartrate (topical)	72	budesonide (inhalation) SUSP	14	bupropion hcl TB24 PO 450 MG ..	21
brimonidine tartrate 0.1 %, 0.15 %	149	budesonide (intrarectal)	11	bupropion hcl TB24 PO 450 MG ..	21
brimonidine tartrate 0.2 %	149	budesonide CPEP PO	59	bupropion hcl TB24 PO 450 MG ..	21
brimonidine tartrate-timolol maleate ..	149	budesonide TB24 PO	59	bupropion hcl TB24 PO 450 MG ..	21
brinzolamide	152	budesonide-formoterol fumarate dihydrate	15	bupropion hcl TB24 PO 450 MG ..	21
BRIUMVI	156	BUFFERIN PO (Use aspirin buffered		bupropion hcl TB24 PO 450 MG ..	21

CAPS PO 40 MG-50 MG-325 MG .. 7	CAFCIT SOLN IV 60 MG/3ML (Use caffeine citrate) .....1	camphor & menthol LOTN .....65
butalbital-acetaminophen-caffeine TABS PO 40 MG-50 MG-325 MG .. 7	caffeine citrate SOLN PO 1	CAMZYOS 54
butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-300 MG .....9	CALAN SR TBCR PO (Use verapamil hcl) .....53	CANASA SUPP PR (Use mesalamine) 84
butalbital-acetaminophen-caffeine w/ codeine PO 30 MG-40 MG-50 MG-325 MG .....9	calcipotriene CREA 65	candesartan cilexetil PO .....35
butalbital-aspirin-caffeine CAPS PO 7	CALCIPOTRIENE FOAM 65	candesartan cilexetil-hydrochlorothiazide PO .....36
butalbital-aspirin-caffeine w/cod PO 9	calcipotriene OINT 65	capecitabine PO 40
butorphanol tartrate NA 10 MG/ML 10	calcipotriene SOLN 65	CAPLYTA 45
BUTRANS PTWK (Use buprenorphine) .....10	calcipotriene-betamethasone dipropionate OINT 67	CAPRELSA PO 42
BYDUREON BCISE AUIJ 26	calcipotriene-betamethasone dipropionate SUSP 67	captopril & hydrochlorothiazide PO 36
BYETTA 10 MCG PEN SOPN .....26	calcitonin (salmon) NA 80	captopril PO .....34
BYETTA 5 MCG PEN SOPN .....26	calcitriol (topical) 65	CARAC CREA 65
BYSTOLIC PO (Use nebivolol hcl) 52	calcitriol CAPS PO 80	CARAFATE SUSP PO (Use sucralfate) .....160
BYSTOLIC PO 2.5 MG, 5 MG, 20 MG (Use nebivolol hcl) .....52	calcitriol SOLN PO 80	CARAFATE TABS PO (Use sucralfate) .....160
CABENUVA 48	calcium acetate (phosphate binder) CAPS PO 85	CARBAGLU (Use carglumic acid) 80
cabergoline PO .....81	calcium acetate (phosphate binder) TABS PO .....85	carbamazepine CHEW PO 100 MG 18
CABOMETYX TABS PO 42	calcium carbonate (antacid) CHEW PO 500 MG 12	carbamazepine CP12 PO .....18
CABTREO .....62	calcium carbonate (antacid) SUSP 12	carbamazepine SUSP PO 100 MG/5ML 18
CADUET PO 10 MG-10 MG, 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium) 55	CALCIUM CARBONATE ANTACID SUSP .....12	carbamazepine TABS PO 18
CADUET PO 10 MG-20 MG, 10 MG-40 MG, 10 MG-80 MG, 5 MG-10 MG, 5 MG-20 MG, 5 MG-40 MG, 5 MG-80 MG (Use amlodipine besylate-atorvastatin calcium) .....55	CALCIUM CARBONATE CHEW PO . 129	carbamazepine TB12 PO 18
	calcium carbonate-cholecalciferol TABS PO 200 UNIT-600 MG, 5 MCG-600 MG .....129	CARBATROL CP12 PO (Use carbamazepine) .....18
	calcium polycarbophil TABS PO ..90	carbidopa PO 44
	CAL-DAY 1000 TABS PO 134	carbidopa-levodopa TABS PO 44
	CALQUENCE 42	carbidopa-levodopa TBCR PO 44
		carbidopa-levodopa TBDP PO 44
		carbidopa-levodopa-entacapone PO .

44	SYR/NEEDLE	115	CARETOUCH PEN NEEDLES ..	116
CARDIOCOM LANCING DEVICE	CAREPOINT SYRINGE LUER LOCK	116	CARETOUCH SAFETY LANCETS	98
MISC	98	CARESENS LANCETS	98	CARETOUCH SAFETY LANCETS
CARDIZEM CD CP24 PO 120 MG,	CARESENS LANCETS 30G	98	26G	98
180 MG, 300 MG (Use diltiazem hcl	CARESENS N FELIZ BT DEVI ...	98	CARETOUCH TEST STRP	74
coated beads)	CARESENS N FELIZ DEVI	98	CARETOUCH TWIST LANCETS	28G
53	CARESENS N GLUCOSE SYSTEM	98	30G	99
CARDIZEM CD CP24 PO 240 MG	DEVI	98	CARETOUCH TWIST LANCETS	30G
(Use diltiazem hcl coated beads) ..	CARESENS N GLUCOSE TEST	98	33G	99
53	STRP	74	CARETOUCH TWIST MC LANCETS	30G
CARDIZEM CD CP24 PO 360 MG	CARESENS N VOICE SYSTEM	98	99	CARETOUCH UNIVERSL CPAP
(Use diltiazem hcl coated beads) ..	DEVI	98	FILTER MISC	123
53	CARETOUCH 2 CPAP HOSE	123	carglumic acid	80
CARDIZEM LA TB24 120 MG (Use	HANGER MISC	123	carisoprodol TABS PO	147
diltiazem hcl)	CARETOUCH 4"X4" DRESSING	73	CARNITOR SF SOLN PO (Use	levocarnitine (metabolic modifiers))
53	MISC	73	80	CARNITOR SOLN PO 1 GM/10ML
CARDIZEM LA TB24 180 MG, 240	CARETOUCH ALCOHOL PREP	113	(Use levocarnitine (metabolic	modifiers))
MG, 300 MG, 360 MG, 420 MG (Use	CARETOUCH CPAP & BIPAP HOSE	123	80	CARNITOR SOLN PO 1 GM/10ML
diltiazem hcl)	MISC	123	(Use levocarnitine (metabolic	modifiers))
53	CARETOUCH CPAP MASK WIPES	123	81	CARNITOR TABS PO (Use
CARDIZEM TABS PO 30 MG, 60	CARETOUCH CPAP PRE-WASH	123	levocarnitine (metabolic modifiers))	81
MG, 120 MG (Use diltiazem hcl) ..	SOLN MISC	123	81	CAROSPIR SUSP (Use
53	CARETOUCH CPAP TUBE BRUSH	123	spironolactone)	79
CARDURA PO (Use doxazosin	MISC	123	carteolol hcl (ophth)	149
mesylate)	CARETOUCH INSULIN SYRINGE	116	carvedilol phosphate PO	52
35	116	CARETOUCH LANCING/EJECTOR	carvedilol PO 25 MG	52
CARDURA XL	MISC	98	98	CARETOUCH MONITOR SYSTEM
86	CARETOUCH LUER LOCK	116	KIT	98
CAREFINE PEN NEEDLES	CARETOUCH LUER LOCK	116		
115	SYR/NEEDLE	116		
CAREONE ADVANCED LANCING	CARETOUCH MONITOR SYSTEM	98		
DEV MISC	KIT	98		
98				
CAREONE BLOOD GLUCOSE				
SYSTEM KIT				
98				
CAREONE BLOOD GLUCOSE				
TEST STRP				
74				
CAREONE INSULIN SYRINGE ..				
115				
CAREONE LANCET SUPER THIN				
30G				
98				
CAREONE LANCET THIN 23G ..				
98				
CAREONE UNIFINE PENTIPS ..				
115				
CAREONE UNIFINE PENTIPS PLUS				
.....				
115				
CAREPOINT SAFETY1ST				

carvedilol PO 3.125 MG, 6.25 MG, 12.5 MG	52	cefoxitin sodium IV 1 GM, 2 GM ...	56	CELEXA TABS PO 40 MG (Use citalopram hydrobromide)	22
CASODEX PO (Use bicalutamide)	41	CEFOXITIN SODIUM-DEXTROSE	56	CELLCEPT CAPS PO (Use mycophenolate mofetil)	131
CASTOR OIL	57	cefepime hcl SOLR IJ 1 GM	57	CELLCEPT SUSR (Use mycophenolate mofetil)	131
castor oil OIL PO 100 %	91	cefepime hcl SOLR IJ 1 GM	57	CELLCEPT TABS PO (Use mycophenolate mofetil)	131
CAYSTON	39	cefepime hcl SOLR IJ 1 GM	57	CELONTIN (Use methsuximide) ..	21
cefaclor CAPS PO	56	cefepime hcl SOLR IJ 1 GM	57	CENTANY AT KIT	64
CEFACLOR ER TB12 PO	56	cefepime hcl SOLR IJ 1 GM	57	CENTANY OINT	64
cefaclor SUSR PO 125 MG/5ML, 375 MG/5ML	56	cefepime hcl SOLR IJ 1 GM	57	CENTRAVITES 50 PLUS TABS PO .	134
cefadroxil CAPS PO	56	cefepime hcl SOLR IJ 1 GM	57	CENTRAVITES ADULTS TABS PO	134
cefadroxil SUSR PO	56	cefepime hcl SOLR IJ 1 GM	57	CENTRUM ADULT 50+ MULTIGUMMIES CHEW PO	134
cefadroxil TABS PO	56	cefepime hcl SOLR IJ 1 GM	57	CENTRUM ADULTS MULTIGUMMIES CHEW PO	134
CEFAZOLIN IN SODIUM CHLORIDE SOLN	56	cefepime hcl SOLR IJ 1 GM	57	CENTRUM ADULTS TABS PO (Use multiple vitamins w/ minerals)	134
cefazolin sodium SOLR IJ 1 GM, 10 GM, 500 MG	56	cefepime hcl SOLR IJ 1 GM	57	CENTRUM CARDIO TABS PO ..	134
CEFAZOLIN SODIUM SOLR IJ 100 GM, 300 GM	56	cefepime hcl SOLR IJ 1 GM	57	CENTRUM FLAVOR BURST ADULT CHEW PO	134
CEFAZOLIN SODIUM SOSY IV 1 GM/10ML, 2 GM/20ML	56	cefepime hcl SOLR IJ 1 GM	57	CENTRUM FLAVOR BURST CHEW PO	134
CEFAZOLIN SODIUM-DEXTROSE SOLN 4 %-1 GM/50ML, 4 %-2 GM/100ML	56	cefepime hcl SOLR IJ 1 GM	57	CENTRUM FLAVOR BURST KIDS CHEW PO	142
CEFAZOLIN SODIUM-DEXTROSE SOLR	56	cefepime hcl SOLR IJ 1 GM	57	CENTRUM FRESH/FRUITY 50+ CHEW PO	134
cefdinir CAPS PO	57	cefdinir CAPS PO	57	CENTRUM FRESH/FRUITY ADULT CHEW PO	134
cefdinir SUSR PO	57	cefdinir SUSR PO	57	CENTRUM KIDS CHEW PO	142
CEFEPIME HCL SOLN	57	CELEBREX PO (Use celecoxib) ...	5	CENTRUM MEN TABS PO (Use multiple vitamins w/ minerals)	134
cefepime hcl SOLR IJ 1 GM	57	CELEBREX PO 100 MG, 200 MG (Use celecoxib)	5		
CEFEPIME-DEXTROSE	57	celecoxib PO	5		
cefixime CAPS PO	57	CELEXA TABS PO 10 MG (Use citalopram hydrobromide)	22		
cefixime SUSR PO	57	CELEXA TABS PO 20 MG (Use citalopram hydrobromide)	22		

CENTRUM MEN TABS PO	134	multiple vitamins w/ minerals)	135	chlordiazepoxide-amitriptyline PO	155
CENTRUM MINIS ADULTS 50+ TABS PO	134	cephalexin CAPS PO	56	chlorhexidine gluconate (mouth-throat)	132
CENTRUM MINIS MEN 50+ TABS PO	134	cephalexin SUSR PO	56	chlorhexidine gluconate SOLN EX 4 %	48
CENTRUM MINIS WOMEN 50+ TABS PO	134	cephalexin TABS PO	56	chloroquine phosphate TABS PO 250 MG	39
CENTRUM MULTI + OMEGA 3 CHEW PO	134	CEQUA SOLN	150	chloroquine phosphate TABS PO 500 MG	39
CENTRUM SILVER 50+MEN TABS PO (Use multiple vitamins w/ minerals)	134	CERASPORT EX1 SOLN PO	129	chlorpheniramine maleate SYRP PO	31
CENTRUM SILVER 50+WOMEN TABS PO (Use multiple vitamins w/ minerals)	134	CERASPORT SOLN PO	129	chlorpheniramine maleate TABS PO .	31
CENTRUM SILVER ADULT 50+ TABS PO (Use multiple vitamins w/ minerals)	135	CERTAVITE SENIOR TABS PO .	135	chlorpromazine hcl CONC PO	47
CENTRUM SILVER CHEW PO ..	135	CERTAVITE SENIOR/ANTIOXIDANT TABS PO	135	chlorpromazine hcl TABS PO 10 MG	47
CENTRUM SILVER TABS PO (Use multiple vitamins w/ minerals)	135	CERTAVITE/ANTIOXIDANTS TABS PO	135	chlorpromazine hcl TABS PO 25 MG, 50 MG, 100 MG, 200 MG	47
CENTRUM SILVER ULTRA WOMENS TABS PO	135	cetirizine hcl CHEW PO	32	chlorthalidone PO 25 MG, 50 MG .	79
CENTRUM SILVER WOMEN 50+ TABS PO (Use multiple vitamins w/ minerals)	135	cetirizine hcl SOLN PO	32	CHLOR-TRIMETON SYRP PO (Use chlorpheniramine maleate)	31
CENTRUM SPECIALIST HEART TABS PO	135	cetirizine hcl SYRP PO	32	CHLOR-TRIMETON TABS PO (Use chlorpheniramine maleate)	31
CENTRUM SPECIALIST IMMUNE TABS PO	135	cetirizine hcl TABS PO	32	chlorzoxazone TABS PO	147
CENTRUM SPECIALIST VISION TABS PO	135	cetirizine-pseudoephedrine PO	60	CHOICEFUL MULTIVITAMIN CHEW PO	135
CENTRUM ULTRA WOMENS TABS PO	135	cevimeline hcl PO	132	CHOLBAM	83
CENTRUM VITAMINTS CHEW PO	135	CHANTIX STARTING MONTH PAK TBPK (Use varenicline tartrate) ..	157	cholecalciferol CAPS PO	165
CENTRUM WOMEN TABS PO (Use		CHEMET PO	29	cholecalciferol LIQD PO 400 UT/0.028ML, 10 MCG/ML, 400 UNIT/ML	166
		CHEMSTRIP K STRP	74	cholecalciferol TABS PO 10 MCG, 1000 UNIT, 25 MCG, 400 UNIT, 25 MCG	166
		CHENODAL PO	83		
		CHILDRENS ADVIL SUSP PO 100 MG/5ML (Use ibuprofen)	5		
		CHILDRENS GUMMIES CHEW PO .	142		
		CHILDRENS MOTRIN SUSP PO 100 MG/5ML (Use ibuprofen)	5		
		chlordiazepoxide hcl CAPS PO	13		
		chlordiazepoxide hcl-clidinium bromide PO	160		

cholestyramine light PACK PO	33	CIPRODEX (Use ciprofloxacin-dexamethasone)	153	MG-1 MG-400 UNIT-50 MG-104 MG-27 MG-30 UNIT-260 MG	145
cholestyramine light POWD PO ...	33	ciprofloxacin hcl (ophth) SOLN ...	150	CITRANATAL MEDLEY	145
cholestyramine PACK PO	33	ciprofloxacin hcl (otic)	152	clarithromycin SUSR PO 125 MG/5ML	92
cholestyramine POWD PO	33	ciprofloxacin hcl TABS PO 100 MG 83		clarithromycin SUSR PO 250 MG/5ML	92
choline fenofibrate PO	33	ciprofloxacin hcl TABS PO 250 MG, 500 MG, 750 MG	83	clarithromycin TABS PO	92
CHOSEN LANCING DEVICE MISC 99		ciprofloxacin in d5w	83	clarithromycin TB24 PO	92
CIALIS PO 2.5 MG, 10 MG, 20 MG (Use tadalafil)	55	ciprofloxacin SUSR PO	83	CLARITIN ALLERGY CHILDRENS SOLN PO (Use loratadine)	32
CIALIS PO 5 MG (Use tadalafil) ...	55	ciprofloxacin-dexamethasone ...	153	CLARITIN REDITABS JUNIORS TBDP PO (Use loratadine)	32
CIBINQO	70	ciprofloxacin-fluocinolone acetonide . 153		CLARITIN REDITABS TBDP PO (Use loratadine)	32
ciclopirox GEL	64	CITALOPRAM HYDROBROMIDE CAPS	22	CLARITIN SOLN PO (Use loratadine)	32
ciclopirox KIT	64	citalopram hydrobromide SOLN PO 22		CLARITIN TABS PO (Use loratadine)	32
ciclopirox olamine CREA	64	citalopram hydrobromide TABS PO 10 MG	22	CLARITIN-D 12 HOUR TB12 PO (Use loratadine & pseudoephedrine) . 60	
ciclopirox olamine SUSP	64	citalopram hydrobromide TABS PO 20 MG	22	CLARITIN-D 24 HOUR TB24 PO (Use loratadine & pseudoephedrine) . 60	
ciclopirox SHAM	64	CITRANATAL 90 DHA PO 120 MG-20 MG-1 MG-3 MG-400 UNIT-3.4 MG-20 MG-50 MG-25 MG-2 MG-159 MG-90 MG-150 MCG-30 UNIT-0.75 MG-300 MG	144	CLASSIC PRENATAL TABS PO .	145
cilostazol PO	87	CITRANATAL ASSURE PO	144	CLEANLET LANCETS 28G	99
CILOXAN OINT	150	CITRANATAL B-CALM PO 120 MG-25 MG-1 MG-400 UNIT-120 MG-20 MG	144	CLEARBLUE PLUS PREGNANCY 74	
CILOXAN SOLN (Use ciprofloxacin hcl (ophth))	150	CITRANATAL BLOOM	144	clemastine fumarate TABS PO 1.34 MG	31
CIMDUO	48	CITRANATAL DHA PO	144	CLEOCIN CREA (Use clindamycin phosphate vaginal)	165
cimetidine TABS PO	160	CITRANATAL HARMONY PO 25		CLEOCIN PHOSPHATE SOLN IJ 300 MG/2ML, 600 MG/4ML	38
CIMZIA (2 SYRINGE) PSKT	84				
CIMZIA KIT	84				
CIMZIA-STARTER PSKT	84				
cinacalcet hcl PO	81				
CINQAIR	13				
CIPRO SUSR PO	83				
CIPRO TABS PO 250 MG, 500 MG (Use ciprofloxacin hcl)	83				

CLEOCIN PHOSPHATE SOLN IJ 9 GM/60ML .....38	CLEVER CHOICE LANCETS 23G 99	clindamycin phosphate (topical) LOTN .....62
CLEOCIN PHOSPHATE SOLN IJ 900 MG/6ML (Use clindamycin phosphate) .....38	CLEVER CHOICE LANCETS 28G 99	clindamycin phosphate (topical) SOLN .....62
CLEOCIN PO (Use clindamycin hcl) . 38	CLEVER CHOICE MICRO SYSTEM KIT .....99	clindamycin phosphate (topical) SWAB .....62
CLEOCIN PO (Use clindamycin palmitate hydrochloride) .....38	CLEVER CHOICE MICRO TEST STRP .....74	clindamycin phosphate in d5w ....38
CLEOCIN SUPP .....165	CLEVER CHOICE MINI SYSTEM DEVI .....99	CLINDAMYCIN PHOSPHATE IN NACL .....38
CLEOCIN-T LOTN (Use clindamycin phosphate (topical)) .....62	CLEVER CHOICE NO CODING STRP .....74	clindamycin phosphate SOLN IJ 300 MG/2ML, 600 MG/4ML, 900 MG/6ML.....38
CLEVER CHEK AUTO-CODE SYSTEM DEVI .....99	CLEVER CHOICE TALK SYSTEM DEVI .....99	clindamycin phosphate SOLN IJ 9 GM/60ML, 9000 MG/60ML .....39
CLEVER CHEK AUTO-CODE TEST STRP .....74	CLEVER CHOICE TALK SYSTEM STRP .....74	clindamycin phosphate vaginal CREA.....165
CLEVER CHEK AUTO-CODE VOICE DEVI .....99	CLICKFINE PEN NEEDLES ....116	clindamycin phosphate-benzoyl peroxide (refrigerate) .....62
CLEVER CHEK AUTO-CODE VOICE STRP .....74	CLIMARA PRO .....82	clindamycin phosphate-benzoyl peroxide GEL .....62
CLEVER CHEK LANCETS .....99	CLIMARA PTWK 0.025 MG/24HR (Use estradiol) .....82	clindamycin phosphate-tretinoin ..62
CLEVER CHEK SYSTEM KIT .....99	CLIMARA PTWK 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use estradiol) .....82	CLINDESSE .....165
CLEVER CHEK TEST STRP .....74	CLINDACIN ETZ .....62	CLINITEST RAPID COVID-19 TEST KIT .....74
CLEVER CHOICE AUTO-CODE SYSTEM DEVI .....99	CLINDACIN PAC .....62	clobazam SUSP .....18
CLEVER CHOICE AUTO-CODE TEST STRP .....74	CLINDAGEL GEL (Use clindamycin phosphate (topical)) .....62	clobazam TABS PO .....18
CLEVER CHOICE COMFORT EZ 116	clindamycin hcl PO .....38	clobetasol propionate CREA 0.05 % . 67
CLEVER CHOICE COMFORT EZ 99	clindamycin palmitate hydrochloride PO .....38	clobetasol propionate emollient base 0.05 %67
CLEVER CHOICE HOLDING CHAMBER DEVI .....123	clindamycin phosphate (topical) FOAM .....62	clobetasol propionate emulsion ...67
CLEVER CHOICE LANCETS 21G 99	clindamycin phosphate (topical) GEL 62	clobetasol propionate FOAM .....67
		clobetasol propionate GEL 0.05 % 67
		clobetasol propionate LIQD .....67

clobetasol propionate LOTN 67	clozapine TBDP PO 46	HIGH&DRY AERO 71
clobetasol propionate OINT 0.05 % 67	CLOZARIL TABS PO 100 MG (Use clozapine) 46	COLEMAN INSECT REPEL SPORTSMEN AERO 71
clobetasol propionate SHAM 67	CLOZARIL TABS PO 25 MG (Use clozapine) 46	colesevelam hcl PACK 33
clobetasol propionate SOLN 0.05 % . 67	CLOZARIL TABS PO 50 MG, 200 MG (Use clozapine) 46	colesevelam hcl TABS PO 33
CLOBEX LOTN 0.05 % (Use clobetasol propionate) 67	C-NATE DHA CAPS PO 145	COLESTID FLAVORED GRAN PO (Use colestipol hcl) 33
clocortolone pivalate 67	CO MONITOR DEVI 123	COLESTID FLAVORED PACK PO (Use colestipol hcl) 33
CLODAN 67	CO MONITOR REPLACEMENT PIECES MISC 123	COLESTID GRAN PO (Use colestipol hcl) 33
CLODERM (Use clocortolone pivalate) 67	COAGADEX 86	COLESTID PACK PO (Use colestipol hcl) 33
clomipramine hcl PO 24	COAGUCHEK LANCETS 99	COLESTID TABS PO (Use colestipol hcl) 33
clonazepam TABS PO 18	coal tar extract SHAM 0.5 %, 1 % . 73	colestipol hcl GRAN PO 33
clonazepam TBDP PO 18	COARTEM 39	colestipol hcl PACK PO 33
clonidine hcl (adhd) TB12 PO 1	CODEINE SULFATE TABS PO 15 MG 8	colestipol hcl TABS PO 33
clonidine hcl TABS PO 35	codeine sulfate TABS PO 30 MG ... 8	COMBIGAN (Use brimonidine tartrate-timolol maleate) 149
clonidine PTWK 35	CODEINE SULFATE TABS PO 60 MG 8	COMBIPATCH PTTW 82
clonidine TB24 35	COLACE CAPS PO 100 MG (Use docusate sodium) 91	COMBIVENT RESPIMAT AERS .. 15
clopidogrel bisulfate PO 300 MG .. 87	COLAZAL CAPS PO (Use balsalazide disodium) 84	COMBIVIR PO (Use lamivudine- zidovudine) 48
clopidogrel bisulfate PO 75 MG ... 87	colchicine CAPS 86	COMETRIQ (100 MG DAILY DOSE) KIT 42
clorazepate dipotassium TABS PO 13	colchicine TABS PO 86	COMETRIQ (140 MG DAILY DOSE) KIT 42
clotrimazole (topical) CREA 64	colchicine w/ probenecid PO 86	COMETRIQ (60 MG DAILY DOSE) KIT 42
clotrimazole (topical) SOLN 64	COLCRYS TABS PO (Use colchicine) 86	COMFORT ASSIST INSULIN SYRINGE 116
clotrimazole 132	COLD & ALLERGY CHILDRENS LIQD PO 60	COMFORT ASSURED LANCETS 28G 99
clotrimazole w/ betamethasone CREA 64	COLEMAN 100 MAX CONTINUOUS SPR AERO 71	
clotrimazole w/ betamethasone LOTN 64	COLEMAN INSECT REPEL	
clozapine TABS PO 100 MG 46		
clozapine TABS PO 25 MG, 50 MG, 200 MG 46		

COMFORT ASSURED LANCETS 33G	99	ACTING/CONSEAL GEL (Use salicylic acid)	70	glatiramer acetate)	156
COMFORT EZ INSULIN SYRINGE 116		COMTAN PO (Use entacapone) ..	44	COPIKTRA PO	42
COMFORT EZ MICRO PEN NEEDLES	116	CONCERTA TBCR PO 18 MG, 27 MG, 54 MG (Use methylphenidate hcl)	2	COREG CR PO (Use carvedilol phosphate)	52
COMFORT EZ PEN NEEDLES .	116	CONCERTA TBCR PO 36 MG (Use methylphenidate hcl)	2	COREG PO 25 MG (Use carvedilol) .	52
COMFORT EZ PRO PEN NEEDLES	116	CONDYLOX GEL (Use podofilox) .	70	COREG PO 3.125 MG, 6.25 MG, 12.5 MG (Use carvedilol)	52
COMFORT EZ SHORT PEN NEEDLES	116	CONTOUR MONITOR DEVI	99	CORGARD TABS PO 20 MG, 40 MG (Use nadolol)	53
COMFORT LANCETS	99	CONTOUR NEXT EZ KIT	99	CORGARD TABS PO 80 MG (Use nadolol)	53
COMFORT TOUCH INSULIN PEN NEED	116	CONTOUR NEXT GEN MONITOR DEVI	99	CORIFACT	86
COMFORT TOUCH LANCETS 31G .	99	CONTOUR NEXT GEN MONITOR KIT	99	CORLANOR SOLN	56
COMFORT TOUCH PLUS LANCETS 28G	99	CONTOUR NEXT LINK KIT	99	CORLANOR TABS PO (Use ivabradine hcl)	56
COMFORT TOUCH PLUS LANCETS 30G	99	CONTOUR NEXT MONITOR KIT .	99	CORTEF TABS PO (Use hydrocortisone)	59
COMIRNATY SUSP	163	CONTOUR NEXT ONE DEVI	99	CORTENEMA PR (Use hydrocortisone (intrarectal))	11
COMIRNATY SUSY	163	CONTOUR NEXT ONE KIT	99	CORTIFOAM EX 10 %	11
COMPACT SPACE CHAMBER DEVI	124	CONTOUR NEXT TEST STRP ...	74	CORTISONE ACETATE TABS PO	59
COMPACT SPACE CHAMBER/LG MASK DEVI	123	CONZIP CP24 PO (Use tramadol hcl)	8	CORTISPORIN-TC	153
COMPACT SPACE CHAMBER/MED MASK DEVI	124	COOL BLOOD GLUCOSE TEST STRIPS STRP	74	COSENTYX (300 MG DOSE) SOSY .	66
COMPACT SPACE CHAMBER/SM MASK DEVI	124	COOL MONITOR DEVI	99	COSENTYX SENSOREADY (300 MG) SOAJ	66
COMPEED SKIN PROTECTOR DRESS MISC	92	COOL MONITOR KIT KIT	99	COSENTYX SENSOREADY PEN SOAJ	66
COMPLERA	48	COPA ISLAND BORDERED FOAM PADS	92	COSENTYX SOSY	66
COMPLETENATE CHEW PO	145	COPA PLUS HYDROPHILIC FOAM PADS	92	COSENTYX UNOREADY SOAJ ..	66
COMPOUND W FAST		COPAXONE SOSY (Use glatiramer acetate)	156	COSOPT (Use dorzolamide hcl-timolol maleate)	149
		COPAXONE SOSY 40 MG/ML (Use			

COSOPT PF (Use dorzolamide hcl-timolol maleate)	149	MISC	92	CURITY SPONGES PADS	93
COTELLIC	42	CURITY #10 BURN DRESS 18"X18" MISC	92	CURITY TRIANGULAR BANDAGE MISC	93
COTEMPLA XR-ODT TBED	2	CURITY #10 BURN DRESS 36"X36" MISC	92	CUTTER AERO	71
COVID-19 AT-HOME TEST KIT ...	74	CURITY #10 GAUZE BOLT 36"X300' MISC	92	CUTTER ALL FAMILY AERO	71
COVID-19 OTC ANTIGEN 1-PACK KIT	74	CURITY ALCOHOL PREPS	113	CUTTER BACKWOODS AERO ...	71
COVID-19 OTC ANTIGEN 2-PACK KIT	74	CURITY ALL PURPOSE SPONGES PADS	93	CUTTER BACKWOODS DRY AERO	71
COVRSITE COVER DRESSING PADS	92	CURITY AMD ANTIMICROBIAL SPNGE PADS	93	CUTTER DRY AERO	71
COVRSITE PLUS COMPOSITE DRESS PADS	92	CURITY AMD ANTIMICROBIAL STRIP MISC	93	CUTTER SKINSATIONS AERO ...	71
COZAAR PO (Use losartan potassium)	35	CURITY COVER SPONGE PADS ..	93	CUTTER SPORT AERO	71
CREON CPEP PO	78	CURITY DRESSING SPONGES PADS	93	CUVPOSA SOLN PO (Use glycopyrrolate)	160
CRESEMBA CAPS	30	CURITY GAUZE PADS	93	CUVRIOR	130
CRESTOR TABS PO 20 MG (Use rosuvastatin calcium)	33	CURITY GAUZE SPONGE PADS ..	93	CVS ADULT MULTIVITAMIN CHEW PO	135
CRESTOR TABS PO 5 MG, 10 MG, 40 MG (Use rosuvastatin calcium) .	34	CURITY IODOFORM PACKING STRIP MISC	93	CVS ADVANCED GLUCOSE TEST STRP	74
CRINONE GEL	165	CURITY MESH GAUZE BNDG 1"X30' MISC	93	CVS AIRSHIELD IMMUNITY SUPPORT CHEW PO	135
cromolyn sodium (mastocytosis) PO .	83	CURITY MESH GAUZE BNDG 2"X30' MISC	93	CVS ALCOHOL PREP PADS ...	113
cromolyn sodium (nasal) 5.2 MG/ACT	147	CURITY MESH GAUZE BNDG 3"X30' MISC	93	CVS ANTIBACTERIAL GAUZE PADS	93
cromolyn sodium (ophth)	152	CURITY MESH GAUZE BNDG 4"X30' MISC	93	CVS BLOOD GLUCOSE METER KIT	99
cromolyn sodium NEBU	14	CURITY NON-ADHERENT STRIPS MISC	93	CVS COLD & ALLERGY CHILDRENS LIQD PO	60
crotamiton LOTN	72	CURITY NON-ADHERENT STRIPS PADS	93	CVS GAUZE PAD STERILE PADS	93
CULTURELLE PROBIOTICS + MULTIV CHEW PO	135	CURITY PLAIN PACKING STRIP MISC	93	CVS GAUZE PADS	93
CUPRIMINE CAPS PO (Use penicillamine)	130			CVS GAUZE STERILE PADS	93
CURITY #10 BURN DRESS 12"X12"				CVS GLUCOSE METER TEST STRIPS STRP	75
				CVS GUMMY DINOS CHEW PO	142

CVS GUMMY MULTIVITAMIN KIDS CHEW PO	142	CVS ULTRA THIN LANCETS	99	cyproheptadine hcl SYRP PO	32
CVS INSECT REPELLENT AERO 71		cyanocobalamin SOLN IJ 1000 MCG/ML	88	cyproheptadine hcl TABS PO	32
CVS LANCETS 21G	99	cyclobenzaprine hcl CP24 PO	147	CYSTADANE PO (Use betaine) ...	81
CVS LANCETS MICRO THIN 33G 99		cyclobenzaprine hcl TABS PO 5 MG, 10 MG	147	CYSTADROPS	152
CVS LANCETS ORIGINAL	99	cyclobenzaprine hcl TABS PO 7.5 MG	147	CYSTAGON CAPS PO	85
CVS LANCETS THIN 26G	99	CYCLOGYL (Use cyclopentolate hcl)	149	CYSTARAN	152
CVS LANCETS ULTRA THIN 30G 99		CYCLOGYL	149	CYTOMEL TABS PO (Use liothyronine sodium)	159
CVS LANCETS ULTRA-THIN 30G 99		CYCLOGYL 0.5 %	149	CYTOTEC PO (Use misoprostol) 161	
CVS LANCING DEVICE MISC	99	CYCLOMYDRIL	149	D3 BABY DROPS LIQD PO	166
CVS ONE DAILY MENS 50+ ADV TABS PO	135	cyclopentolate hcl 1 %	149	dabigatran etexilate mesylate CAPS PO 75 MG, 150 MG	17
CVS ONE DAILY WOMENS 50+ ADV TABS PO	135	cyclophosphamide CAPS	40	dalfampridine	156
CVS PREP	113	CYCLOPHOSPHAMIDE TABS PO 40		DALIRESP PO (Use roflumilast) ...	14
CVS SPECTRAVITE ADULT 50+ CHEW PO	135	cycloserine PO	40	DANTRIUM CAPS PO 25 MG (Use dantrolene sodium)	147
CVS SPECTRAVITE ADULT 50+ TABS PO	135	CYCLOSET	26	dantrolene sodium CAPS PO	147
CVS SPECTRAVITE ADULTS 50+ TABS PO	135	cyclosporine (ophth) EMUL	150	dapagliflozin propanediol PO	28
CVS SPECTRAVITE ULTRA MEN 50+ TABS PO	135	cyclosporine CAPS PO	131	dapagliflozin propanediol-metformin hcl PO	24
CVS SPECTRAVITE ULTRA MENS TABS PO	135	cyclosporine modified (for microemulsion) CAPS PO	131	dapsone (topical)	62
CVS SPECTRAVITE ULTRA WOMEN TABS PO	135	cyclosporine modified (for microemulsion) SOLN PO	131	dapsone PO	38
CVS SPECTRAVITE WOMEN CHEW PO	135	CYLTEZO (2 PEN) AJKT	4	DAPTACEL	159
CVS TOTAL HOME INSECT REPEL AERO	71	CYLTEZO (2 SYRINGE) PSKT	4	DARAPRIM PO (Use pyrimethamine)	39
CVS TUBULAR GAUZE MISC	93	CYLTEZO-CD/UC/HS STARTER AJKT	4	darifenacin hydrobromide PO	162
		CYLTEZO-PSORIASIS/UV STARTER AJKT	4	DARTISLA ODT TBDP	160
		CYMBALTA CPEP PO (Use duloxetine hcl)	23	darunavir TABS	48
				DAURISMO	41
				DAYAVITE TABS PO	136
				DAYBUE	148
				DAYHIST ALLERGY 12 HOUR	

RELIEF TABS PO	31	DEMSEER PO (Use metyrosine) ...	35	DERMACEA IV SPONGES PADS	93
DAYPRO TABS PO (Use oxaprozin) .	5	DENAVIR (Use penciclovir)	66	DERMACEA NON-WOVEN	
		DENG VAXIA	163	SPONGES PADS	93
DAYTRANA PTCH 10 MG/9HR, 20		DEPAKOTE ER TB24 PO (Use		DERMACEA STRETCH BANDAGE	
MG/9HR, 30 MG/9HR (Use		divalproex sodium)	21	MISC	93
methylphenidate)	2	DEPAKOTE SPRINKLES CSDR PO		DERMACEA STRETCH BANDAGE	
DAYTRANA PTCH 15 MG/9HR (Use		(Use divalproex sodium)	21	ROLL MISC	93
methylphenidate)	2	DEPAKOTE TBEC PO (Use		DERMACEA TYPE VII GAUZE	
DAYVIGO	90	divalproex sodium)	21	PADS	93
D-CARE BLOOD GLUCOSE STRP		DEPEN TITRATABS TABS PO (Use		DERMACEA X-RAY SPONGES	
75		penicillamine)	131	PADS	93
D-CARE GLUCOMETER KIT	99	DEPO-ESTRADIOL	82	DERMACINRX MULTITAM TABS	
DDAVP TABS PO (Use		DEPO-PROVERA SUSP IM (Use		PO	136
desmopressin acetate)	81	medroxyprogesterone acetate		DERMACINRX PRETRATE TABS	
deferasirox PACK	29	(contraceptive))	59	PO	145
deferasirox TABS PO	29	DEPO-PROVERA SUSY IM (Use		DERMACINRX RIBOTIN-E TABS PO	
deferasirox TBSO	29	medroxyprogesterone acetate		.....	136
deferiprone TABS	29	(contraceptive))	59	DERMACINRX ZINTREXYL-C TABS	
deflazacort SUSP PO	59	DEPO-SUBQ PROVERA 104 SUSY		PO	136
deflazacort TABS PO	59	SC	59	DERMA-SMOOTH/FS BODY OIL	
DEKAS BARIATRIC CHEW PO ..	136	DERMACEA DRAIN SPONGES		(Use fluocinolone acetonide)	67
DEKAS PLUS CHEW PO	136	PADS	93	DERMA-SMOOTH/FS SCALP OIL	
DEKAS PLUS LIQD PO	142	DERMACEA GAUZE FLUFF ROLL		(Use fluocinolone acetonide)	67
DELESTROGEN (Use estradiol		MISC	93	DERMAVITE TABS PO	136
valerate)	82	DERMACEA GAUZE ROLL 2"X4-		DERMOTIC (Use fluocinolone	
DELSTRIGO	48	1/8YD MISC	93	acetonide (otic))	153
DELSYM COUGH CHILDRENS		DERMACEA GAUZE ROLL 3"X4-		DESCOVY 120 MG-15 MG	48
SUER PO (Use dextromethorphan		1/8YD MISC	93	DESCOVY 200 MG-25 MG	48
polistirex)	60	DERMACEA GAUZE ROLL 4"X4-		desipramine hcl TABS PO 10 MG, 50	
DELSYM SUER PO (Use		1/8YD MISC	93	MG, 75 MG, 100 MG, 150 MG	24
dextromethorphan polistirex)	60	DERMACEA GAUZE ROLL 6"X4-		desipramine hcl TABS PO 25 MG	24
DELZICOL CPDR PO (Use		1/8YD MISC	93	desmopressin acetate spray	81
mesalamine)	84	DERMACEA GAUZE SPONGE		desmopressin acetate spray	
demeclocycline hcl TABS PO	158	PADS	93	refrigerated 0.01 %	81
		DERMACEA IV DRAIN SPONGES		desmopressin acetate TABS PO ..	81
		PADS	93		

desogestrel & ethinyl estradiol PO .57	dexamethasone SOLN PO 59	MG/5ML-5 MG/5ML, 150 MG/7.5ML-15 MG/7.5ML, 200 MG/10ML-20 MG/10ML, 200 MG/5ML-10 MG/5ML, 400 MG/20ML-20 MG/20ML 60
desogestrel-ethinyl estradiol (biphasic) PO 57	dexamethasone TABS PO 59	
desogestrel-ethinyl estradiol (triphasic) PO 57	dexamethasone TBPK PO 59	
desonide CREA 67	DEXCOM G6 RECEIVER 100	dextromethorphan-guaifenesin SYRP PO 100 MG/5ML-10 MG/5ML, 200 MG/10ML-20 MG/10ML 60
desonide LOTN 67	DEXCOM G6 SENSOR 100	
desonide OINT 67	DEXCOM G6 TRANSMITTER ... 100	dextromethorphan-phenylephrine-acetaminophen CAPS PO 60
DESOWEN CREA (Use desonide) 68	DEXCOM G7 RECEIVER 100	dextrose SOLN 5 % 148
desoximetasone CREA 0.05 % 68	DEXCOM G7 SENSOR 100	DHIVY TABS PO 44
desoximetasone CREA 0.25 % 68	DEXEDRINE CP24 PO 10 MG, 15 MG (Use dextroamphetamine sulfate) 1	DHS TAR GEL SHAM (Use coal tar extract) 73
desoximetasone GEL 68	DEXILANT PO (Use dexlansoprazole) 161	DHS TAR SHAM (Use coal tar extract) 73
desoximetasone LIQD 68	dexlansoprazole PO 161	DIABETES MONITOR DIGIT ADD-ON KIT 100
desoximetasone OINT 0.05 % 68	dexmethylphenidate hcl CP24 PO .. 2	DIABETES MONITOR DIGIT SOLN KIT 100
desoximetasone OINT 0.25 % 68	dexmethylphenidate hcl TABS PO .. 2	DIACOMIT CAPS 18
DESOXYN PO (Use methamphetamine hcl) 1	DEXTENZA INST 151	DIACOMIT PACK 18
DESVENLAFAXINE ER PO 23	dextroamphetamine sulfate CP24 PO 10 MG, 15 MG 1	DIALYVITE SUPREME D TABS PO . 136
desvenlafaxine succinate PO 100 MG 23	dextroamphetamine sulfate CP24 PO 5 MG 1	DIASTAT ACUDIAL GEL PR 10 MG (Use diazepam (anticonvulsant)) .. 18
desvenlafaxine succinate PO 25 MG, 50 MG 23	dextroamphetamine sulfate SOLN PO 1	DIASTAT ACUDIAL GEL PR 20 MG (Use diazepam (anticonvulsant)) .. 18
DETROL LA CP24 PO (Use tolterodine tartrate) 162	dextroamphetamine sulfate TABS PO 2.5 MG, 7.5 MG, 15 MG, 20 MG, 30 MG 1	DIASTAT PEDIATRIC GEL PR (Use diazepam (anticonvulsant)) 18
DETROL LA CP24 PO 4 MG (Use tolterodine tartrate) 162	dextroamphetamine sulfate TABS PO 5 MG, 10 MG 1	DIATHRIVE BLOOD GLUCOSE METER DEVI 100
DETROL TABS PO (Use tolterodine tartrate) 162	dextromethorphan polistirex SUER PO 60	DIATHRIVE BLOOD GLUCOSE TEST STRP 75
dexamethasone ELIX PO 59	dextromethorphan-doxyamine-acetaminophen LIQD PO 60	DIATHRIVE GLUCOSE TEST STRP 75
DEXAMETHASONE INTENSOL CONC 59	dextromethorphan-guaifenesin LIQD PO 100 MG/5ML-10 MG/5ML, 100	DIATHRIVE LANCET ULTRA THIN
dexamethasone sodium phosphate (ophth) 151		

30	100	diclofenac sodium (topical) GEL EX 65	DILANTIN INFATABS CHEW PO (Use phenytoin)	20
DIATHRIVE LANCETS	100	diclofenac sodium (topical) SOLN EX	DILANTIN PO (Use phenytoin sodium extended)	20
DIATHRIVE LANCING DEVICE MISC	100	diclofenac sodium TB24 PO	DILANTIN PO	20
DIATHRIVE PEN NEEDLE	116	diclofenac sodium TBEC PO	DILANTIN SUSP PO (Use phenytoin)	20
DIATHRIVE+ GLUCOSE MONITOR DEVI	100	diclofenac w/ misoprostol TBEC PO 6	DILANTIN-125 SUSP PO (Use phenytoin)	20
DIATHRIVE+ GLUCOSE TEST STRP	75	dicloxacillin sodium PO	DILAUDID LIQD PO (Use hydromorphone hcl)	8
DIATROL TABS PO	136	dicyclomine hcl CAPS PO	DILAUDID TABS PO (Use hydromorphone hcl)	8
DIATRUE PLUS BLOOD GLUCOSE DEVI	100	dicyclomine hcl SOLN PO	diltiazem hcl coated beads CP24 PO 120 MG, 180 MG, 300 MG	54
DIATRUE PLUS TEST STRP	75	dicyclomine hcl TABS PO	diltiazem hcl coated beads CP24 PO 240 MG	54
diazepam (anticonvulsant) GEL PR 18		DIFFERIN GEL 0.1 % (Use adapalene)	diltiazem hcl coated beads CP24 PO 360 MG	53
diazepam CONC	13	DIFICID SUSR	diltiazem hcl CP12 PO	54
diazepam SOLN PO 5 MG/5ML ...	13	DIFICID TABS	diltiazem hcl CP24 PO 120 MG, 180 MG	54
diazepam TABS PO	13	diflorasone diacetate CREA	diltiazem hcl CP24 PO 240 MG ...	54
diazoxide	25	diflorasone diacetate OINT	diltiazem hcl extended release beads PO	54
dichlorphenamide PO	78	DIFLUCAN SUSR PO (Use fluconazole)	diltiazem hcl TABS PO	54
DICLEGIS TBEC PO (Use doxylamine-pyridoxine)	30	DIFLUCAN TABS PO 100 MG (Use fluconazole)	diltiazem hcl TB24	54
diclofenac epolamine PTCH EX ...	65	DIFLUCAN TABS PO 150 MG (Use fluconazole)	DIMETAPP CHILDREN COLD/ALLERGY LIQD PO	60
diclofenac potassium (migraine) PO 128		DIFLUCAN TABS PO 200 MG (Use fluconazole)	dimethyl fumarate CDPK	156
diclofenac potassium CAPS PO	5	diflunisal TABS PO	dimethyl fumarate CPDR	156
diclofenac potassium TABS PO 25 MG	5	difluprednate	DIOVAN HCT PO (Use valsartan-hydrochlorothiazide)	36
diclofenac potassium TABS PO 50 MG	5	digoxin SOLN PO 0.05 MG/ML ...	DIOVAN TABS PO (Use valsartan)	35
diclofenac sodium (actinic keratoses) EX	65	digoxin TABS PO 125 MCG, 250 MCG		
diclofenac sodium (ophth)	152	digoxin TABS PO 62.5 MCG		
		dihydroergotamine mesylate SOLN NA 4 MG/ML		

DIPENTUM PO	84	DITROPAN XL TB24 PO 5 MG, 10 MG (Use oxybutynin chloride)	162	doxepin hcl (sleep) PO	89
diphenhydramine hcl (sleep) CAPS PO 50 MG	89	DIURIL SUSP PO	79	doxepin hcl CAPS PO	24
diphenhydramine hcl (sleep) TABS PO 25 MG	89	divalproex sodium CSDR PO	21	doxepin hcl CONC PO	24
diphenhydramine hcl CAPS PO ...	31	divalproex sodium TB24 PO	21	doxercalciferol CAPS PO	81
diphenhydramine hcl ELIX PO 12.5 MG/5ML	31	divalproex sodium TBEC PO	21	doxycycline (monohydrate) CAPS PO	158
diphenhydramine hcl LIQD PO 12.5 MG/5ML, 25 MG/10ML, 50 MG/20ML	31	DIVIGEL GEL (Use estradiol)	82	doxycycline (monohydrate) SUSR PO	158
diphenhydramine hcl TABS PO 25 MG	31	docusate sodium CAPS PO 100 MG, 250 MG	91	doxycycline (monohydrate) TABS PO	158
diphenoxylate w/ atropine LIQD PO 29		docusate sodium LIQD PO 50 MG/5ML, 100 MG/10ML	91	doxycycline (rosacea) PO	72
diphenoxylate w/ atropine TABS PO . 29		DOCUSATE SODIUM SYRP PO ..	91	doxycycline hyclate CAPS PO ...	158
DIPHThERIA-TETANUS TOXOIDS DT SUSP	159	docusate sodium TABS PO	91	doxycycline hyclate SOLR	158
DIPROLENE OINT (Use betamethasone dipropionate augmented)	68	dofetilide PO	13	doxycycline hyclate TABS PO	158
dipyridamole PO	87	donepezil hydrochloride TABS PO 23 MG	155	doxycycline hyclate TBEC PO	158
disopyramide phosphate CAPS PO 13		donepezil hydrochloride TABS PO 5 MG, 10 MG	155	doxylamine succinate (sleep) PO ..	89
DISPOSABLE FULL RANGE MISC 124		donepezil hydrochloride TBEP PO 155		doxylamine-pyridoxine TBEC PO ..	30
DISPOSABLE LOW RANGE MISC 124		DOPTelet	88	DRISDOL CAPS PO (Use ergocalciferol)	166
DISPOSABLE LOW RANGE/PEDIATRIC MISC	124	DORAL PO (Use quazepam)	89	DRIZALMA SPRINKLE CSDR	23
DISPOSABLE PAPER MISC	124	DORYX MPC TBEC PO	158	dronabinol CAPS PO	30
DISPOSABLE UNIVERSAL RANGE MISC	124	DORYX TBEC PO 50 MG, 80 MG, 200 MG (Use doxycycline hyclate) 158		DROPLET GENTEEL LANCING DEVICE MISC	100
disulfiram PO	155	dorzolamide hcl	152	DROPLET INSULIN SYRINGE ..	116
		dorzolamide hcl-timolol maleate .	149	DROPLET LANCETS ULTRA THIN 30G	100
		DOVATO	48	DROPLET LANCING DEVICE MISC .	100
		DOVONEX CREA (Use calcipotriene)	66	DROPLET MICRON	116
		doxazosin mesylate PO	35	DROPLET PEN NEEDLES	116
		doxepin hcl (antipruritic)	65	DROPLET PERSONAL LANCETS 30G	100
				DROPSAFE ALCOHOL PREP ..	113

DROPSAFE SAFETY PEN NEEDLES	116	bisacodyl)	91	MISC	73
DROPSAFE SAFETY SYRINGE/NEEDLE	116	DULCOLAX TBEC PO (Use bisacodyl)	91	DYNAGINATE CA ALGINATE 4-1/4" MISC	73
drosiprenone-ethinyl estradiol PO	.57	DULERA 100 MCG/ACT-5 MCG/ACT, 200 MCG/ACT-5 MCG/ACT	15	DYNAGINATE CAALGINATE ROPE30CM MISC	73
drosiprenone-ethinyl estradiol- levomefolate calcium PO	57	DULERA 50 MCG/ACT-5 MCG/ACT	15	E.E.S. GRANULES SUSR PO (Use erythromycin ethylsuccinate)	92
DROXIA CAPS	88	duloxetine hcl CPEP PO 20 MG, 30 MG, 60 MG	23	EASIVENT MASK LARGE MISC	.124
droxidopa	165	duloxetine hcl CPEP PO 40 MG	23	EASIVENT MASK MEDIUM MISC	124
DRUG MART LANCETS THIN 26G	100	DUOBRII	68	EASIVENT MASK SMALL MISC	.124
DRUG MART LANCING DEVICE MISC	100	DUO-CARE TEST STRP	75	EASIVENT MISC	124
DRUG MART ON-THE-GO LANCET 30G	100	DUPIXENT SOAJ	70	EASY COMFORT ALCOHOL PADS	113
DRUG MART UNIFINE PENTIPS 116		DUPIXENT SOSY 100 MG/0.67ML 70		EASY COMFORT INSULIN SYRINGE	116
DRUG MART UNIFINE PENTIPS PLUS	116	DUPIXENT SOSY	70	EASY COMFORT LANCETS	100
DRUG MART UNILET LANCETS 28G	100	DUREX EXTRA SENSITIVE THIN DEVI	95	EASY COMFORT LANCETS TWIST TOP	100
DRUG MART UNILET LANCETS 30G	100	DUREX EXTRA SENSITIVE THIN MISC	95	EASY COMFORT PEN NEEDLES	116
DRUG MART UNILET LANCETS 33G	100	DUREX TROPICAL MISC	95	EASY FLOW 300 MM HOSE MISC	124
DRYMAX EXTRA PADS	93	DUREZOL (Use difluprednate) ..	151	EASY FLOW 400 MM HOSE MISC	124
DUAKLIR PRESSAIR	15	dutasteride PO	86	EASY FLOW AIR NOZZLE MISC	124
DUAVEE	82	dutasteride-tamsulosin hcl PO	86	EASY FLOW BLACK/BLUE DEVI	124
DUETACT (Use pioglitazone hcl- glimepiride)	25	D-VI-SOL LIQD PO (Use cholecalciferol)	166	EASY FLOW BLACK/ORANGE DEVI	124
DUEXIS (Use ibuprofen-famotidine)	6	DYANAVEL XR SUER	1	EASY FLOW BLACK/RED DEVI	124
DULCOLAX PINK LAXATIVE TBEC PO (Use bisacodyl)	91	DYANAVEL XR TBCR	1	EASY FLOW BLACK/WHITE DEVI	124
DULCOLAX SUPP PR (Use		DYMISTA SUSP (Use azelastine hcl- fluticasone propionate)	147	EASY FLOW BLACK/YELLOW DEVI	124

124	SYR	116	21G	101
EASY FLOW HEPA FILTER MISC 124	EASY TOUCH FLURINGE	116	EASY TOUCH SAFETY LANCETS 23G	101
EASY FLOW WHITE/BLUE DEVI 124	EASY TOUCH FLURINGE FLIPLOCK	116	EASY TOUCH SAFETY LANCETS 26G	101
EASY FLOW WHITE/GREEN DEVI 124	EASY TOUCH FLURINGE SHEATHLOCK	116	EASY TOUCH SAFETY LANCETS 28G	101
EASY FLOW WHITE/PINK DEVI .124	EASY TOUCH GLUCOSE SYSTEM KIT	100	EASY TOUCH SAFETY PEN NEEDLES	117
EASY FLOW WHITE/WHITE DEVI 124	EASY TOUCH HEALTHPRO GLUCOSE KIT	100	EASY TOUCH SAFETY SYRINGE 117	
EASY FLOW WHITE/YELLOW DEVI 124	EASY TOUCH HEALTHPRO GLUCOSE STRP	75	EASY TOUCH SHEATHLOCK SYRINGE	117
EASY GLIDE PEN NEEDLES ... 116	EASY TOUCH INSULIN SAFETY SYR	116	EASY TOUCH TB SHEATHLOCK SYR	117
EASY MINI EJECT LANCING DEVICE MISC	EASY TOUCH INSULIN SYRINGE 117		EASY TOUCH TEST STRP	75
EASY MINI LANCING DEVICE MISC	EASY TOUCH LANCETS 21G ..	100	EASY TRAK BLOOD GLUCOSE SYSTEM DEVI	101
EASY PLUS II GLUCOSE SYSTEM DEVI	EASY TOUCH LANCETS 23G ..	100	EASY TRAK BLOOD GLUCOSE TEST STRP	75
EASY PLUS II GLUCOSE TEST STRP	EASY TOUCH LANCETS 26G ..	100	EASY TRAK II BLOOD GLUCOSE SYS DEVI	101
EASY STEP GLUCOSE MONITOR DEVI	EASY TOUCH LANCETS 28G ..	100	EASY TRAK II GLUCOSE TEST STRP	75
EASY STEP TEST STRP	EASY TOUCH LANCETS 28G/TWIST	100	EASYGLUCO KIT	101
EASY TALK BLOOD GLUCOSE SYSTEM DEVI	EASY TOUCH LANCETS 30G ..	100	EASYGLUCO STRP	75
EASY TALK BLOOD GLUCOSE TEST STRP	EASY TOUCH LANCETS 32G ..	100	EASYMAX 15 TEST STRP	75
EASY TALK PLUS II TEST STRIPS STRP	EASY TOUCH LANCETS 32G/TWIST	100	EASYMAX NG BLOOD GLUCOSE DEVI	101
EASY TOUCH ALCOHOL PREP MEDIUM	EASY TOUCH LANCETS 33G/TWIST	100	EASYMAX NG BLOOD GLUCOSE KIT	101
EASY TOUCH FLIPLOCK INSULIN SY	EASY TOUCH LANCING DEVICE MISC	101	EASYMAX TEST STRP	75
EASY TOUCH FLIPLOCK SAFETY	EASY TOUCH PEN NEEDLES ..	117	EASYMAX V BLOOD GLUCOSE DEVI	101
	EASY TOUCH SAFETY LANCETS		EASYPOINT NEEDLE/SYRINGE	

117	EFFEXOR XR CP24 PO 37.5 MG (Use venlafaxine hcl)	24	MONITOR DEVI	101
EASYPRO BLOOD GLUCOSE MONITOR KIT	101	EFFEXOR XR CP24 PO 75 MG (Use venlafaxine hcl)	23	EMBRACE BLOOD GLUCOSE TEST STRP
EASYPRO BLOOD GLUCOSE TEST STRP	75	EFFIENT PO (Use prasugrel hcl) ..	87	EMBRACE EVO BLOOD GLUCOSE TEST STRP
EASYPRO PLUS KIT	101	EFUDEX CREA (Use fluorouracil (topical))	65	EMBRACE EVO GLUCOSE MONITOR DEVI
EASYPRO PLUS STRP	75	EGRIFTA SV	80	EMBRACE EVO GLUCOSE MONITORING KIT
EBASE CONTROLLER KIT MISC 124		ELEMENT AUTOCODE SYSTEM KIT	101	EMBRACE LANCETS ULTRA THIN 30G
econazole nitrate CREA	64	ELEMENT COMPACT GLUCOSE SYSTEM DEVI	101	EMBRACE LANCING DEVICE/EJECTOR MISC
ED BRON GP LIQD PO	60	ELEMENT COMPACT TEST STRP 75		EMBRACE PEN NEEDLES
EDARBI PO	35	ELEMENT COMPACT V GLUCOSE SYS DEVI	101	EMBRACE PRESSURE ACTIVATED 21G
EDARBYCLOR PO	36	ELEMENT PLUS DEVI	101	EMBRACE PRESSURE ACTIVATED 28G
EDECIN PO (Use ethacrynic acid) . 79		ELEMENT TEST STRP	75	EMBRACE PRO GLUCOSE METER DEVI
EDLUAR SUBL	89	ELEPSIA XR TB24 PO	18	EMBRACE PRO GLUCOSE TEST STRP
EDURANT	48	ELESTRIN GEL	82	EMBRACE TALK BLOOD GLUCOSE DEVI
efavirenz CAPS PO 200 MG	48	eletriptan hydrobromide PO	128	EMBRACE TALK GLUCOSE TEST STRP
efavirenz CAPS PO 50 MG	48	ELIDEL (Use pimecrolimus)	70	EMBRACE TALK MONITORING SYSTEM KIT
efavirenz TABS PO	48	ELIMITE CREA (Use permethrin) .	72	EMBRACE WAVE BLOOD GLUCOSE DEVI
efavirenz-emtricitabine-tenofovir disoproxil fumarate PO	48	ELIQUIS DVT/PE STARTER PACK TBPK	16	EMBRACE WAVE BLOOD GLUCOSE STRP
efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-400 MG- 300 MG	48	ELIQUIS TABS	16	EMBRACE WAVE GLUCOSE METER DEVI
efavirenz-lamivudine-tenofovir disoproxil fumarate 300 MG-600 MG- 300 MG	48	ELLA PO	58	EMCYT PO
EFFEXOR XR CP24 PO (Use venlafaxine hcl)	23	ELLUME COVID-19 HOME TEST KIT	75	
EFFEXOR XR CP24 PO 150 MG (Use venlafaxine hcl)	23	ELMIRON CAPS PO	86	
EFFEXOR XR CP24 PO 37.5 MG (Use venlafaxine hcl)	23	ELOCTATE	86	
		ELYXYB	128	
		EMBRACE BLOOD GLUCOSE		

EMEND CAPS PO 80 MG (Use aprepitant)	30	EMTRIVA CAPS PO (Use emtricitabine)	49	MG/0.8ML, 120 MG/0.8ML	17
EMEND SUSR	30	EMTRIVA SOLN	49	ENSTILAR FOAM	68
EMEND TRI-PACK CAPS PO (Use aprepitant)	30	EMVERM CHEW PO	12	entacapone PO	44
EMERGEN-C APPLE CIDER VINEGAR CHEW PO	136	enalapril maleate & hydrochlorothiazide PO	36	ENTADFI	86
EMERGEN-C ASHWAGANDHA CHEW PO	136	enalapril maleate SOLN	34	entecavir TABS PO	51
EMERGEN-C ELDERBERRY CHEW PO	136	enalapril maleate TABS PO	34	ENTEREG PO (Use alvimopan) ...	85
EMERGEN-C IMMUNE PLUS/VIT D CHEW PO	136	ENBRACE HR	145	ENTRESTO TABS PO	55
EMERGEN-C IMMUNE+ CHEW PO . 136		ENBREL MINI SOCT	7	ENTYVIO PEN SOAJ	84
EMERGEN-C TURMERIC & GINGER CHEW PO	136	ENBREL SOLN	7	ENTYVIO SOLR	84
EMERGEN-C VITAMIN C CHEW PO	136	ENBREL SOSY	7	ENVARBUS XR TB24	131
EMFLAZA SUSP PO (Use deflazacort)	59	ENBREL SURECLICK SOAJ	7	EPANED SOLN (Use enalapril maleate)	34
EMFLAZA TABS PO (Use deflazacort)	59	ENDARI (Use glutamine (sickle cell))	88	EPCLUSA PACK	51
EMGALITY (300 MG DOSE) SOSY 128		ENDOMETRIN INST	165	EPCLUSA TABS	51
EMGALITY SOAJ	128	ENFAMIL ENFALYTE SOLN PO .	129	EPIDIOLEX	18
EMGALITY SOSY	128	ENGERIX-B SUSP 20 MCG/ML .	163	EPIDUO GEL (Use adapalene- benzoyl peroxide)	62
EMPAVELI	87	ENGERIX-B SUSY	163	EPIFOAM FOAM	68
EMSAM	22	ENJAYMO	87	epinastine hcl (ophth)	152
emtricitabine CAPS PO	48	ENLITE GLUCOSE SENSOR ...	101	epinephrine (anaphylaxis) SOAJ .	165
emtricitabine-tenofovir disoproxil fumarate PO 100 MG-150 MG, 133 MG-200 MG, 167 MG-250 MG	48	enoxaparin sodium SOLN IJ 300 MG/3ML	17	EPIPEN 2-PAK SOAJ (Use epinephrine (anaphylaxis))	165
emtricitabine-tenofovir disoproxil fumarate PO 200 MG-300 MG	48	enoxaparin sodium SOSY 100 MG/ML, 150 MG/ML	17	EPIPEN JR 2-PAK SOAJ (Use epinephrine (anaphylaxis))	165
		enoxaparin sodium SOSY 30 MG/0.3ML, 80 MG/0.8ML, 150 MG/ML	17	EPIVIR HBV SOLN	51
		enoxaparin sodium SOSY 40 MG/0.4ML	17	EPIVIR HBV TABS PO (Use lamivudine (hbv))	51
		enoxaparin sodium SOSY 60 MG/0.6ML	17	EPIVIR SOLN PO (Use lamivudine) 49	
		enoxaparin sodium SOSY 80		EPIVIR TABS PO 150 MG (Use lamivudine)	49
				EPIVIR TABS PO 300 MG (Use lamivudine)	49

eplerenone PO	37	STATIC M DEVI	124	ERIVEDGE	41
EPOGEN 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	88	EQ SPACE CHAMBER ANTI- STATIC S DEVI	124	ERLEADA	41
epoprostenol sodium	55	EQL CENTURY MATURE ADULTS 50+ TABS PO	136	erlotinib hcl	41
EPRONTIA SOLN	18	EQL CENTURY MENS TABS PO 136		ERMEZA SOLN PO	159
EPT	75	EQL CENTURY WOMENS TABS PO	136	ERTACZO	64
EPZICOM PO (Use abacavir sulfate- lamivudine)	49	EQL COLOR LANCETS 21G	101	ertapenem sodium IJ	38
EQ BLOOD GLUCOSE TEST STRP . 75		EQL COLOR LANCETS MICRO 33G	101	ERYGEL GEL (Use erythromycin (acne aid))	62
EQ COMPLETE MULTIVITAMIN- ADULT TABS PO	136	EQL GAUZE PADS	93	ERYPED 200 SUSR PO (Use erythromycin ethylsuccinate)	92
EQ D3 DROPS INFANTS/CHILDRENS LIQD PO	166	EQL GAUZE STERILE PADS	93	ERYPED 400 SUSR PO (Use erythromycin ethylsuccinate)	92
EQ GAUZE PADS	93	EQL GUMMIES CHILDRENS CHEW PO	142	erythromycin (acne aid) GEL	63
EQ MULTIVITAMIN GUMMIES CHEW PO	142	EQL INSULIN SYRINGE	117	erythromycin (acne aid) PADS	63
EQ MULTIVITAMINS ADULT GUMMY CHEW PO	136	EQL ONE DAILY ADULT GUMMIES CHEW PO	136	erythromycin (acne aid) SOLN	63
EQ MULTIVITAMINS GUMMY CHILD CHEW PO	142	EQL ONE DAILY MENS TABS PO 136		erythromycin (ophth)	150
EQ ONE DAILY MENS 50+ TABS PO	136	EQL PRENATAL FORMULA TABS PO	145	ERYTHROMYCIN	150
EQ ONE DAILY MENS HEALTH TABS PO	136	EQL SUPER THIN LANCETS 30G 101		erythromycin base CPEP PO	92
EQ ONE DAILY WOMENS 50+ TABS PO	136	EQL THIN LANCETS 26G	101	erythromycin base TABS PO	92
EQ ONE DAILY WOMENS HEALTH TABS PO	136	EQUALYTE SOLN PO (Use oral electrolytes)	129	erythromycin base TBEC PO	92
EQ SPACE CHAMBER ANTI- STATIC DEVI	124	EQUETRO PO	45	erythromycin ethylsuccinate SUSR PO	92
EQ SPACE CHAMBER ANTI- STATIC L DEVI	124	ergocalciferol CAPS PO	166	erythromycin ethylsuccinate TABS PO	92
EQ SPACE CHAMBER ANTI- STATIC M DEVI	124	ergocalciferol SOLN PO 200 MCG/ML	166	erythromycin stearate TABS PO 250 MG	92
EQ SPACE CHAMBER ANTI- STATIC S DEVI	124	ergoloid mesylates TABS PO	157	ESBRIET CAPS (Use pirfenidone) 158	
EQ SPACE CHAMBER ANTI- STATIC L DEVI	124	ergotamine w/ caffeine SUPP PR	128	ESBRIET TABS PO (Use pirfenidone)	158
EQ SPACE CHAMBER ANTI- STATIC M DEVI	124			escitalopram oxalate SOLN PO ...	22
EQ SPACE CHAMBER ANTI- STATIC S DEVI	124			escitalopram oxalate TABS PO 10 MG	22

escitalopram oxalate TABS PO 20 MG	22	eszopiclone PO	89	EVISTA PO (Use raloxifene hcl) ...	80
escitalopram oxalate TABS PO 5 MG	22	ethacrynic acid PO	79	EVOCLIN FOAM (Use clindamycin phosphate (topical))	63
ESGIC TABS PO (Use butalbital-acetaminophen-caffeine)	7	ethambutol hcl TABS PO	40	EVOLUTION AUTOCODE DEVI .	101
esomeprazole magnesium CPDR PO 20 MG	161	ethosuximide CAPS PO	21	EVOLUTION AUTOCODE STRP .	75
esomeprazole magnesium CPDR PO 40 MG	161	ethosuximide SOLN PO	21	EVOTAZ	49
esomeprazole magnesium PACK	161	ethynodiol diacet & eth estrad PO 35 MCG-1 MG	57	EVOXAC PO (Use cevimeline hcl) 132	
ESPEROCT	87	ethynodiol diacet & eth estrad PO 50 MCG-1 MG	57	EXCILON AMD DRAIN SPONGES PADS	93
estazolam PO	89	etodolac CAPS PO	6	EXCILON AMD NON-WOVEN SPONGES PADS	93
esterified estrogens & methyltestosterone PO	82	etodolac TABS PO	6	EXCILON DRAIN SPONGES PADS .	94
ESTRACE CREA (Use estradiol vaginal)	165	etodolac TB24 PO	6	EXCILON IV SPONGES PADS ...	94
ESTRACE TABS PO (Use estradiol) .	82	etonogestrel-ethinyl estradiol	58	EXELON 13.3 MG/24HR (Use rivastigmine)	155
estradiol & norethindrone acetate TABS PO	82	etoposide CAPS PO	44	EXELON 4.6 MG/24HR, 9.5 MG/24HR (Use rivastigmine)	155
estradiol GEL	82	etravirine PO 100 MG	49	exemestane PO	41
estradiol PTTW	82	etravirine PO 200 MG	49	EXFORGE HCT PO (Use amlodipine-valsartan-hydrochlorothiazide)	36
estradiol PTWK 0.025 MG/24HR ..	82	EUCRISA	72	EXFORGE PO (Use amlodipine besylate-valsartan)	36
estradiol PTWK 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ...	82	EVAMIST SOLN	82	EXJADE TBSO (Use deferasirox) .	29
estradiol TABS PO	82	EVEKEO ODT TBDP	1	EXKIVITY	41
estradiol vaginal CREA	165	EVEKEO TABS PO (Use amphetamine sulfate)	1	EXPIRATORY MOUTHPIECE MISC .	124
estradiol vaginal TABS	165	everolimus (immunosuppressant) 131		EXSERVAN FILM	148
estradiol valerate	82	everolimus TABS	42	EXTAVIA KIT	156
ESTRING RING	165	everolimus TBSO	42	EXTINA FOAM (Use ketoconazole (topical))	64
ESTROVEN MENOPAUSE SUPPLEMENT TABS PO	136	EVERSENSE E3 SENSOR/HOLDER	101	EYE HEALTH + LUTEIN TABS PO	
		EVERSENSE E3 SMART TRANSMITTER	101		
		EVERSENSE SENSOR/HOLDER 101			
		EVERSENSE SMART TRANSMITTER	101		

136	citrate)	41	fenoprofen calcium CAPS PO 400 MG	6
EYE MULTIVITAMIN/SODIUM TABS PO	FARXIGA PO (Use dapagliflozin propanediol)	28	fenoprofen calcium TABS PO	6
EYSUVIS SUSP	FASENRA PEN SOAJ	13	fentanyl citrate LPOP	8
E-Z JECT LANCET MICRO-THIN 33G	FASENRA SOSY 30 MG/ML	13	fentanyl citrate TABS	8
E-Z JECT LANCET SUPER THIN 30G	febuxostat	86	fentanyl PT72 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR, 100 MCG/HR	8
E-Z JECT LANCETS	FEIBA	87	fentanyl PT72 37.5 MCG/HR, 62.5 MCG/HR, 87.5 MCG/HR	8
E-Z JECT LANCETS 21G	felbamate SUSP	20	FENTORA TABS (Use fentanyl citrate)	8
E-Z JECT LANCETS THIN 26G	felbamate TABS PO	20	FEOSOL TABS PO (Use ferrous sulfate dried)	88
EZALLOR SPRINKLE CPSP	FELBATOL SUSP (Use felbamate) 20	20	FER-IN-SOL SOLN PO (Use ferrous sulfate)	88
ezetimibe PO	FELBATOL TABS PO (Use felbamate)	20	FERRETTS TABS PO	88
ezetimibe-simvastatin PO	FELDENE CAPS PO (Use piroxicam)	6	FERRIPROX SOLN	29
EZ-LETS LANCETS 21G	felodipine PO	54	FERRIPROX TABS (Use deferiprone)	29
EZ-LETS LANCETS 26G	FEMARA PO (Use letrozole)	41	FERRIPROX TWICE-A-DAY TABS 29	88
EZ-LETS LANCETS 28G	FEMRING	165	ferrous fumarate TABS PO	88
EZ-LETS LANCETS 30G	fenofibrate CAPS PO	33	ferrous sulfate dried TABS PO	88
FABHALTA	fenofibrate micronized PO 134 MG, 200 MG	33	ferrous sulfate SOLN PO 15 MG/ML, 15 MG/ML	89
FABIOR FOAM	fenofibrate micronized PO 30 MG, 90 MG	33	ferrous sulfate SOLN PO 220 MG/5ML, 300 MG/6.8ML	89
FACT PLUS+ PREGNANCY	fenofibrate micronized PO 43 MG, 130 MG	33	ferrous sulfate TABS PO 325 MG, 65 MG, 325 MG	89
famciclovir PO	fenofibrate micronized PO 67 MG	33	FERROUS SULFATE TBEC PO (Use ferrous sulfate)	89
famotidine SUSR PO	fenofibrate TABS PO 160 MG	33	ferrous sulfate TBEC PO 325 MG	89
famotidine TABS PO 20 MG, 40 MG . 160	fenofibrate TABS PO 40 MG, 48 MG, 120 MG, 145 MG	33	fesoterodine fumarate	162
FANAPT PO	fenofibrate TABS PO 54 MG	33		
FANAPT TITRATION PACK PO	fenofibric acid PO	33		
FANTASY LUBRICATED MISC ...	FENOGLIDE TABS PO (Use fenofibrate)	33		
FANTASY LUBRICATED/SPERMICIDE MISC 95				
FARESTON PO (Use toremifene				

FETZIMA CP24	24	FIORICET/CODEINE PO 30 MG-40	FLEXICHAMBER CHILD
FETZIMA TITRATION C4PK	24	MG-50 MG-300 MG (Use butalbital-	MASK/LARGE
FEVERALL JUNIOR STRENGTH		acetaminophen-caffeine w/ codeine) .	125
SUPP PR	7	9	FLEXICHAMBER CHILD
fexofenadine hcl TABS PO 180 MG		FIRAZYR SOSY (Use icatibant	MASK/SMALL
32		acetate)	125
fexofenadine hcl TABS PO 60 MG	32	FIRDAPSE	FLEXICHAMBER DEVI
FIASP FLEXTOUCH SOPN	26	39	125
FIASP PENFILL SOCT	26	FIRST PANTOPRAZOLE SUSP .	FLINTSTONES COMPLETE CHEW
FIASP PUMPCART SOCT	26	161	PO
FIASP SOLN	26	FIRVANQ SOLR PO 25 MG/ML (Use	142
FIFTY50 ALCOHOL PREP	114	vancomycin hcl)	FLINTSTONES GUMMIES BONE
FIFTY50 GLUCOSE METER 2.0 KIT		38	BUILD CHEW PO
102		FIRVANQ SOLR PO 50 MG/ML (Use	142
FIFTY50 GLUCOSE TEST 2.0 STRP		vancomycin hcl)	FLINTSTONES GUMMIES CHEW
.....	75	38	PO
FIFTY50 PEN NEEDLES	117	FITNESS TABS FOR MEN AM/PM	142
FIFTY50 SAFETY SEAL LANCETS .		TABS PO	FLINTSTONES GUMMIES
102		136	COMPLETE CHEW PO
FIFTY50 SUPERIOR COMFORT		FITNESS TABS FOR WOMEN	142
SYR	117	AM/PM TABS PO	FLINTSTONES GUMMIES-
FIFTY50 UNILET LANCETS 33G		136	IMMUNITY CHEW PO
102		FLAGYL CAPS PO (Use	142
FILTER AIR PP MISC	125	metronidazole)	FLINTSTONES SOUR GUMMIES
FINACEA FOAM	72	37	CHEW PO
FINACEA GEL (Use azelaic acid) .	72	FLAREX	142
finasteride PO	86	151	FLINTSTONES TODDLER CHEW
FINE 30	102	flavoxate hcl PO	142
FINGERSTIX LANCETS	102	162	FLINTSTONES-IMMUNITY
finolimod hcl PO	156	flecainide acetate PO	SUPPORT CHEW PO
FINTEPLA	18	13	142
FIORICET CAPS PO (Use butalbital-		FLECTOR PTCH EX (Use diclofenac	FLOLAN (Use epoprostenol sodium)
acetaminophen-caffeine)	7	epolamine) .....	.....
		65	55
		FLEET ENEMA ENEM PR (Use	FLOMAX PO (Use tamsulosin hcl)
		sodium phosphates)	86
		90	FLOMAX PO (Use tamsulosin hcl)
		FLEET OIL ENEM PR (Use mineral	86
		oil)	FLOMAX PO (Use tamsulosin hcl)
		90	86
		FLEET PEDIATRIC ENEM PR (Use	FLOMAX PO (Use tamsulosin hcl)
		sodium phosphates)	86
		91	86
		FLEET SALINE ENEMA ENEM PR	FLOMAX PO (Use tamsulosin hcl)
		(Use sodium phosphates)	86
		91	86
		FLEQSUVY SUSP (Use baclofen)	FLOMAX PO (Use tamsulosin hcl)
		147	86
		FLEXICHAMBER ADULT	FLOMAX PO (Use tamsulosin hcl)
		MASK/SMALL	86
		125	86

FLOVENT DISKUS AEPB 50 MCG/ACT (Use fluticasone propionate (inhalation))	14	fludrocortisone acetate TABS PO	60	fluphenazine decanoate	47
FLOVENT HFA 110 MCG/ACT, 220 MCG/ACT (Use fluticasone propionate hfa)	14	FLULAVAL QUADRIVALENT SUSY	163	fluphenazine hcl CONC PO	47
FLOVENT HFA 44 MCG/ACT (Use fluticasone propionate hfa)	15	FLULAVAL SUSY	163	fluphenazine hcl ELIX PO	47
FLOW-EZE VENTED NEEDLE	117	FLUMIST	163	fluphenazine hcl TABS PO	47
FLOWFLEX COVID-19 AG HOME TEST KIT	75	FLUMIST QUADRIVALENT	163	flurandrenolide CREA	68
FLUAD	163	flunisolide (nasal)	148	flurandrenolide LOTN	68
FLUAD QUADRIVALENT	163	fluocinolone acetonide (otic)	153	flurazepam hcl PO	89
FLUARIX QUADRIVALENT SUSY	163	fluocinolone acetonide CREA	68	flurbiprofen sodium	152
163		fluocinolone acetonide OIL	68	flurbiprofen TABS PO 100 MG	6
FLUARIX SUSY	163	fluocinolone acetonide OINT	68	flutamide PO	41
FLUBLOK QUADRIVALENT	163	fluocinolone acetonide SOLN	68	fluticasone furoate-vilanterol	15
FLUBLOK SOSY	163	fluocinonide CREA 0.05 %	68	fluticasone propionate (inhalation) AEPB 100 MCG/ACT, 250 MCG/ACT	15
FLUCELVAX QUADRIVALENT SUSP	163	fluocinonide CREA 0.1 %	68	fluticasone propionate (inhalation) AEPB 50 MCG/ACT	15
FLUCELVAX QUADRIVALENT SUSY	163	fluocinonide emulsified base	68	fluticasone propionate (nasal) SUSP	148
FLUCELVAX SUSP	163	fluocinonide GEL	68	fluticasone propionate CREA 0.05 %	68
FLUCELVAX SUSY	163	fluocinonide OINT	68	fluticasone propionate hfa 110 MCG/ACT, 220 MCG/ACT	15
fluconazole in nacl 0.9 %-200 MG/100ML, 0.9 %-400 MG/200ML	30	fluocinonide SOLN	68	fluticasone propionate hfa 44 MCG/ACT	15
FLUCONAZOLE IN SODIUM CHLORIDE	31	FLUORESCEIN SODIUM/BENOXINATE	152	fluticasone propionate LOTN	68
fluconazole SUSR PO	31	fluorometholone (ophth) SUSP	151	fluticasone propionate OINT	68
fluconazole TABS PO 100 MG	31	fluorouracil (topical) CREA 0.5 %	65	fluticasone-salmeterol AEPB 100 MCG/ACT-50 MCG/ACT, 250 MCG/ACT-50 MCG/ACT, 500 MCG/ACT-50 MCG/ACT	16
fluconazole TABS PO 150 MG	31	fluorouracil (topical) CREA 5 %	65	fluticasone-salmeterol AEPB 113 MCG/ACT-14 MCG/ACT, 232 MCG/ACT-14 MCG/ACT, 55 MCG/ACT-14 MCG/ACT	15
fluconazole TABS PO 200 MG	31	fluorouracil (topical) SOLN	65	fluoxetine hcl (pmd) TABS PO	157
fluconazole TABS PO 50 MG	31	fluoxetine hcl (pmd) TABS PO	157	fluoxetine hcl CAPS PO	22
flucytosine PO	30	fluoxetine hcl CPDR PO	22	fluoxetine hcl CPDR PO	22
		fluoxetine hcl SOLN PO	22	fluoxetine hcl SOLN PO	22
		FLUOXETINE HCL TABS PO (Use fluoxetine hcl)	22	fluoxetine hcl TABS PO	22
		fluoxetine hcl TABS PO	22		

fluticasone-salmeterol AERO 16	folic acid TABS PO 400 MCG, 800 MCG .....88	FORA LANCING DEVICE MISC . 102
fluvastatin sodium CAPS PO 34	FOLITIN-Z TABS PO 136	FORA PREMIUM V10 BLE SYSTEM DEVI 102
fluvastatin sodium TB24 PO 34	fondaparinux sodium 17	FORA TEST N' GO MONITOR DEVI 102
fluvoxamine maleate CP24 PO 22	FORA 6 CONNECT STRP .....75	FORA TN'G ADVANCE PRO STRP 76
fluvoxamine maleate TABS PO 100 MG 22	FORA 6 CONNECT/GTEL TEST STRP .....75	FORA TN'G VOICE KIT 102
fluvoxamine maleate TABS PO 25 MG, 50 MG 22	FORA BLOOD GLUCOSE TEST STRP .....75	FORA TN'G/TN'G VOICE STRP ..76
FLUZONE HIGH-DOSE QUADRIVALENT 163	FORA D15G BLOOD GLUCOSE TEST STRP .....75	FORA V10 BLOOD GLUCOSE SYSTEM DEVI .....102
FLUZONE HIGH-DOSE SUSY ...163	FORA D20 BLOOD GLUCOSE TEST STRP .....75	FORA V10 BLOOD GLUCOSE TEST STRP .....76
FLUZONE QUADRIVALENT SUSP 163	FORA D40/G31 BLOOD GLUCOSE STRP .....75	FORA V10/V12/D10/D20 TEST KIT 102
FLUZONE QUADRIVALENT SUSY 163	FORA G20 BLOOD GLUCOSE SYSTEM KIT 102	FORA V12 BLOOD GLUCOSE SYSTEM DEVI .....102
FLUZONE SUSP 163	FORA G20 BLOOD GLUCOSE TEST STRP .....75	FORA V12 BLOOD GLUCOSE TEST STRP .....76
FLUZONE SUSY 163	FORA G30/PREM V10 GLUCOSE TEST STRP .....75	FORA V20 BLOOD GLUCOSE SYSTEM DEVI .....102
FLYP HYPERSONIQ CARTRIDGE MISC .....125	FORA G30A BLOOD GLUCOSE SYSTEM DEVI .....102	FORA V20 BLOOD GLUCOSE TEST STRP .....76
FML FORTE SUSP .....151	FORA GD20 BLOOD GLUCOSE SYSTEM DEVI .....102	FORA V30A BLOOD GLUCOSE SYSTEM DEVI .....102
FML LIQUIFILM SUSP (Use fluorometholone (ophth)) 151	FORA GD20 TEST STRP 75	FORA V30A BLOOD GLUCOSE SYSTEM KIT 102
FOCALIN TABS PO 10 MG (Use dexmethylphenidate hcl) 2	FORA GD50 BLOOD GLUCOSE SYSTEM DEVI .....102	FORA V30A BLOOD GLUCOSE TEST STRP .....76
FOCALIN TABS PO 2.5 MG, 10 MG (Use dexmethylphenidate hcl) 2	FORA GD50 BLOOD GLUCOSE TEST STRP .....75	FORACARE GD40 MONITOR DEVI . 102
FOCALIN TABS PO 2.5 MG, 5 MG (Use dexmethylphenidate hcl) 2	FORA GTEL BLOOD GLUCOSE SYSTEM DEVI .....102	FORACARE GD40 TEST STRP ...76
FOCALIN XR CP24 PO (Use dexmethylphenidate hcl) 2	FORA GTEL BLOOD GLUCOSE TEST STRP .....75	FORACARE PREMIUM V10 DEVI 102
FOCALIN XR CP24 PO 5 MG (Use dexmethylphenidate hcl) 2	FORA LANCETS .....102	FORACARE PREMIUM V10 TEST
FOLCYTEINE TABS PO 141		
folic acid TABS PO 1 MG .....88		

STRP	76	FREDS PHARMACY AUTOLET LANCING MISC	102	FROVA PO (Use frovatriptan succinate)	128
FORACARE TEST N GO MONITOR DEVI	102	FREDS PHARMACY UNIFINE PENTIP+	117	frovatriptan succinate PO	128
FORACARE TEST N GO TEST STRP	76	FREDS PHARMACY UNIFINE PENTIPS	117	FRUZAQLA	40
FORFIVO XL TB24 PO (Use bupropion hcl)	21	FREDS PHARMACY UNILET LANC 28G	102	FT ADULT MULTI GUMMIES CHEW PO	136
formaldehyde SOLN 10 %	48	FREDS PHARMACY UNILET LANC 30G	102	FT CHILDRENS MULTI PLUS IMMUNE CHEW PO	144
formoterol fumarate NEBU	16	FREDAVITE TABS PO	136	FT ELECTROLYTE SOLN PO ...	129
FORTESTA GEL TD (Use testosterone)	10	FREESTYLE FREEDOM LITE KIT 102		FT IMMUNE SUPPORT CHEW PO	136
FORTISCARE CONTROL SOLN	102	FREESTYLE INSULINX TEST STRP	76	FT PRENATAL TABS PO	145
FORTISCARE G1 TEST STRIP STRP	76	FREESTYLE LANCETS	102	FT SALINE NASAL SPRAY SOLN	147
FORTISCARE T1 GLUCOSE SYSTEM DEVI	102	FREESTYLE LIBRE 14 DAY READER	102	FULL KIT NEBULIZER SET MISC	125
FORTISCARE TEST STRP	76	FREESTYLE LIBRE 14 DAY SENSOR	102	FULPHILA	88
FOSAMAX PLUS D PO	80	FREESTYLE LIBRE 2 READER	102	furosemide SOLN PO 8 MG/ML, 10 MG/ML	79
FOSAMAX TABS PO 70 MG (Use alendronate sodium)	80	FREESTYLE LIBRE 2 SENSOR	102	furosemide TABS PO	79
fosamprenavir calcium TABS PO	49	FREESTYLE LIBRE 3 READER	102	FUZEON SOLR	49
fosfomycin tromethamine	39	FREESTYLE LIBRE 3 SENSOR	102	FYCOMPA SUSP	18
FOSFREE TABS PO (Use multiple vitamins w/ minerals)	136	FREESTYLE LIBRE READER	102	FYCOMPA TABS	18
fosinopril sodium & hydrochlorothiazide PO	36	FREESTYLE LITE DEVI	102	FYLNETRA	88
fosinopril sodium PO	34	FREESTYLE LITE KIT	102	gabapentin (once-daily) TABS PO	157
FOSRENOL CHEW PO (Use lanthanum carbonate)	85	FREESTYLE LITE TEST STRP ...	76	gabapentin CAPS PO	18
FOSRENOL PACK	85	FREESTYLE PRECISION NEO SYSTEM KIT	102	gabapentin SOLN PO	18
FOTIVDA	42	FREESTYLE PRECISION NEO TEST STRP	76	gabapentin TABS PO 600 MG	18
FRAGMIN SOLN 10000 UNIT/4ML, 95000 UNIT/3.8ML	17	FREESTYLE TEST STRP	76	gabapentin TABS PO 800 MG	18
FRAGMIN SOSY	17	FREESTYLE UNISTICK II LANCETS		GABITRIL PO (Use tiagabine hcl)	20
				GALAFOLD	81

galantamine hydrobromide CP24 PO 155	GEMTESA 162	GEODON (Use ziprasidone mesylate) 45
galantamine hydrobromide SOLN PO.....155	GENADEK LIQD PO .....142	GEODON PO (Use ziprasidone hcl) 45
galantamine hydrobromide TABS PO.....155	GENERESS FE PO (Use norethindrone & ethinyl estradiol-fe) 57	GEODON PO 20 MG, 60 MG, 80 MG (Use ziprasidone hcl) 45
GARDASIL 9 SUSP 163	GENICIN VITA-Q TABS PO .....141	GERI-FREEDA SENIOR FORMULA TABS PO 137
GARDASIL 9 SUSY 163	GENOTROPIN CART SC 80	GERI-TUSSIN SYRP PO 61
GASTROCROM PO (Use cromolyn sodium (mastocytosis)) 83	GENOTROPIN MINIQUICK PRSY 80	GHT BLOOD GLUCOSE MONITOR KIT 103
GAS-X EXTRA STRENGTH CHEW PO (Use simethicone) 83	gentamicin in saline 0.8 MG/ML-0.9 %, 1 MG/ML-0.9 %, 1.2 MG/ML-0.9 %, 1.6 MG/ML-0.9 %, 2 MG/ML-0.9 % 3	GHT TEST STRP 76
gatifloxacin (ophth) .....150	gentamicin sulfate (ophth) SOLN .150	GILENYA PO (Use fingolimod hcl) 156
GATTEX .....85	gentamicin sulfate (topical) CREA .64	GILOTRIF 41
GAUZE BANDAGE 3" MISC 94	gentamicin sulfate (topical) OINT .64	glatiramer acetate SOSY 156
GAUZE BANDAGE MISC 94	gentamicin sulfate IJ 3	GLEEVEC TABS PO (Use imatinib mesylate) 42
GAUZE BANDAGE ROLL MISC ...94	GENTEEL BUTTERFLY TOUCH LANCET .....103	GLEEVEC TABS PO 400 MG (Use imatinib mesylate) 42
GAUZE DRESSING PADS 94	GENTEEL LANCING KIT (BLUE) KIT.....103	glimepiride PO 1 MG, 2 MG 28
GAUZE PADS PADS 94	GENTEEL PLUS LANCING (BLACK) MISC .....103	glimepiride PO 4 MG 28
GAUZE STRETCH BANDAGE MISC 94	GENTEEL PLUS LANCING (PURPLE) MISC .....103	glipizide TABS PO 2.5 MG 28
GAUZE TYPE VII MEDI-PAK PADS . 94	GENTEEL PLUS LANCING (WHITE) MISC .....103	glipizide TABS PO 5 MG, 10 MG ..28
GAVRETO .....42	GENTEEL PLUS LANCING DEV(BLUE) MISC 103	glipizide TB24 PO 28
GE100 BLOOD GLUCOSE SYSTEM DEVI 103	GENTEEL PLUS LANCING DEV(PINK) MISC .....103	glipizide-metformin hcl PO .....25
GE100 BLOOD GLUCOSE SYSTEM KIT 103	GENTEEL PLUS LANCING DEV(LIGHT) MISC .....103	GLOBAL ALCOHOL PREP EASE 114
GE100 BLOOD GLUCOSE TEST STRP .....76	GENTLE-LET GP LANCETS 103	GLOBAL EASE INJECT PEN NEEDLES .....117
gefitinib .....41	GENTLE-LET LANCETS 103	GLOBAL EASY GLIDE INSULIN SYR 117
GELNIQUE GEL 10 %162	GENULTIMATE TEST STRP .....76	GLOBAL EASY GLIDE PEN NEEDLES .....117
gemfibrozil TABS PO 33	GENVOYA 49	

GLOBAL INJECT EASE INSULIN SYR	117	GLUCOCARD SHINE KIT	103	GLYCERIN (ADULT) SUPP PR (Use glycerin (laxative))	90
GLOBAL INJECT EASE LANCETS 28G	103	GLUCOCARD SHINE TEST STRP 76		glycerin (laxative) SUPP PR 2 GM, 2.1 GM, 80.7 %	90
GLOBAL INJECT EASE LANCETS 30G	103	GLUCOCARD SHINE XL DEVI ..	103	glycopyrrolate SOLN PO 1 MG/5ML ..	160
GLOBAL INSULIN SYRINGES ..	117	GLUCOCARD VITAL MONITOR KIT 103		glycopyrrolate TABS PO 1 MG, 2 MG	160
GLOBAL LANCING DEVICE MISC 103		GLUCOCARD VITAL TEST STRP 76		GLYNASE PO (Use glyburide micronized)	28
GLOSTRIPS STRP 1 MG	152	GLUCOCARD X-METER KIT	103	GLYNASE PO 3 MG (Use glyburide micronized)	28
GLUCAGEN HYPOKIT	25	GLUCOCARD X-SENSOR STRP .76		GLYXAMBI PO	25
glucagon (rdna)	25	GLUCOCOM BLOOD GLUCOSE MONITOR DEVI	103	GNP ALCOHOL SWABS	114
GLUCAGON EMERGENCY (Use glucagon (rdna))	25	GLUCOCOM LANCETS 28G	103	GNP CLICKFINE PEN NEEDLES 117	
GLUCAGON EMERGENCY	25	GLUCOCOM LANCETS 30G	103	GNP EASY TOUCH GLUCOSE METER DEVI	103
GLUCO PERFECT 3 METER DEVI 103		GLUCOCOM LANCETS 33G	103	GNP EASY TOUCH GLUCOSE TEST STRP	76
GLUCO PERFECT 3 TEST STRP .76		GLUCOCOM MONITOR KIT	103	GNP INSULIN SYRINGE	117
GLUCOCARD 01 BLOOD GLUCOSE DEVI	103	GLUCOCOM TEST STRP	76	GNP INSULIN SYRINGES	117
GLUCOCARD 01 BLOOD GLUCOSE KIT	103	GLUCONAVII BLOOD GLUCOSE SYS KIT	103	GNP INSULIN SYRINGES 28GX1/2"	117
GLUCOCARD 01 BLOOD GLUCOSE KIT	103	GLUCONAVII BLOOD GLUCOSE TEST STRP	76	GNP INSULIN SYRINGES 29GX1/2"	117
GLUCOCARD 01 SENSOR PLUS STRP	76	GLUCOPRO INSULIN SYRINGE 117		GNP INSULIN SYRINGES 30GX5/16"	117
GLUCOCARD 01-MINI GLUCOSE KIT	103	GLUCOSE METER TEST STRP ..	76	GNP INSULIN SYRINGES 31GX5/16"	117
GLUCOCARD EXPRESSION MONITOR KIT	103	GLUCOTROL XL TB24 PO (Use glipizide)	28	GNP LANCETS 21G	103
GLUCOCARD EXPRESSION TEST STRP	76	GLUMETZA TB24 PO (Use metformin hcl)	25	GNP LANCETS THIN 26G	103
GLUCOCARD SHINE CONNEX KIT . 103		glutamine (sickle cell)	88	GNP LANCING SYSTEM DEVICE MISC	103
GLUCOCARD SHINE DEVI	103	glyburide micronized PO 1.5 MG, 3 MG, 6 MG	28	GNP MULTI CHILDRENS CHEW PO ..	
GLUCOCARD SHINE EXPRESS KIT	103	glyburide TABS PO	28		
		glyburide-metformin PO	25		
		GLYCATE TABS PO	160		

142	GONITRO PACK	12	guaifenesin-codeine SOLN PO	60	
GNP PRENATAL TABS PO	145	GOODSENSE BLOOD GLUCOSE KIT	104	guaifenesin-codeine SYRP PO	61
GNP STERILE GAUZE PADS	94	GOODSENSE BLOOD GLUCOSE STRP	76	guanfacine hcl (adhd) PO	1
GNP STERILE LANCETS 28G ..	103	GOODSENSE CLICKFINE PEN NEEDLE	117	guanfacine hcl PO	35
GNP STERILE LANCETS 30G ..	103	GOODSENSE COLOR LANCETS 33G	104	GUARDIAN 4 GLUCOSE SENSOR .	104
GNP STERILE LANCETS 33G ..	104	GOODSENSE ELECTROLYTE ADV CARE SOLN PO	130	GUARDIAN 4 TRANSMITTER ..	104
GNP TRUE METRIX AIR METER KIT	104	GOODSENSE LANCETS 26G UNIV	104	GUARDIAN CONNECT TRANSMITTER	104
GNP TRUE METRIX GLUCOSE METER KIT	104	GOODSENSE LANCETS 30G ..	104	GUARDIAN LINK 3 TRANSMITTER	104
GNP TRUE METRIX GLUCOSE STRIPS STRP	76	GOODSENSE LANCETS 30G UNIV	104	GUARDIAN REAL-TIME CHARGER MISC	104
GNP TRUETRACK SMART SYSTEM STRP	76	GOODSENSE LANCETS 33G ..	104	GUARDIAN REAL-TIME REPLACE PED	104
GNP TRUETRACK TEST STRIPS STRP	76	GOODSENSE LANCETS 33G UNIV	104	GUARDIAN REAL-TIME TEST PLUG MISC	104
GNP ULTICARE PEN NEEDLES 117		GOODSENSE LANCING DEVICE MISC	104	GUARDIAN SENSOR (3)	104
GNP ULTIGUARD SAFEPACK NEEDLE	117	GOODSENSE PEN NEEDLE PENFINE	117	GUARDIAN SENSOR 3	104
GNP ULTRA COM INSULIN SYRINGE	117	GRALISE TABS PO (Use gabapentin (once-daily))	157	GUMMI BEAR MULTIVITAMIN/MIN CHEW PO	142
GOCOVRI CP24	44	GRALISE TABS PO	157	GVOKE HYPOPEN 1-PACK SOAJ	25
GOJJI BLOOD GLUCOSE TEST STRP	76	granisetron hcl TABS PO	30	GVOKE HYPOPEN 2-PACK SOAJ	26
GOJJI BLOOD TEST STRIP/LANCETS STRP	76	GRANIX SOLN	88	GVOKE KIT SOLN	26
GOJJI CONTROL SOLN	104	GRANIX SOSY	88	GVOKE PFS SOSY 1 MG/0.2ML .	26
GOJJI LANCING DEVICE/CLEAR CAP MISC	104	griseofulvin microsize SUSP PO ..	30	GYNAZOLE-1	165
GOJJI STERILE LANCETS	104	griseofulvin microsize TABS PO ..	30	HADLIMA PUSH TOUCH SOAJ	4
GOLYTELY SOLR PO (Use peg 3350-kcl-sod bicarb-sod chloride-sod sulfate)	90	griseofulvin ultramicrosize PO	30	HADLIMA SOSY	4
		guaifenesin LIQD PO	61	HAEGARDA SOLR SC	87
		guaifenesin TB12 PO 600 MG	61	HAEMOLANCE	104
				HAEMOLANCE LOW FLOW	

LANCETS	104	HEAD CARE PROACTIVE HEALTH TABS PO	137	H-E-B INCONTROL UNIFINE PENTIP	118
HAEMOLANCE PLUS	104	HEALTH CARE LANCING DEVICE MISC	104	HEMADY TABS PO	59
HAEMOLANCE PLUS HIGH FLOW 104		HEALTHPRO BLOOD GLUCOSE MONITO KIT	104	HEMANGEOL SOLN PO	53
HAEMOLANCE PLUS LOW FLOW 104		HEALTHWISE INSULIN SYR/NEEDLE	117	HEMLIBRA 30 MG/ML, 60 MG/0.4ML, 105 MG/0.7ML, 150 MG/ML, 300 MG/2ML	87
HAEMOLANCE PLUS MAX FLOW 104		HEALTHWISE MICRON PEN NEEDLES	117	HEMOFIL M SOLR 250 UNIT, 500 UNIT, 1000 UNIT, 1700 UNIT	87
HAEMOLANCE PLUS PEDIATRIC FLOW	104	HEALTHWISE MINI PEN NEEDLES	117	heparin sodium (porcine) lock flush 10 UNIT/ML	17
HAIR SKIN & NAILS ADVANCED TABS PO	137	HEALTHWISE PEN NEEDLES ..	117	HEPARIN SODIUM (PORCINE) PF SOLN IJ	17
HAIR SKIN & NAILS TABS PO ..	137	HEALTHWISE SHORT PEN NEEDLES	117	heparin sodium (porcine) SOLN IJ 1000 UNIT/ML, 5000 UNIT/0.5ML, 5000 UNIT/ML, 10000 UNIT/ML, 20000 UNIT/ML	17
halcinonide CREA	68	HEALTHWISE UNIFINE PENTIPS 118		HEPARIN SODIUM (PORCINE) SOSY IJ	17
HALCION PO 0.25 MG (Use triazolam)	89	HEALTHY ACCENTS LANCING DEVICE MISC	104	HEPLISAV-B SOSY	163
HALDOL DECANOATE (Use haloperidol decanoate)	46	HEALTHY ACCENTS UNIFINE PENTIP	118	HETLIOZ CAPS (Use tasimelteon) 90	
halobetasol propionate CREA	68	HEALTHY ACCENTS UNILET LANCETS	104	HETLIOZ LQ SUSP	90
halobetasol propionate FOAM	68	HEALTHY KIDS GUMMIES CHEW PO	142	HIBERIX SOLR IJ	162
halobetasol propionate OINT	68	H-E-B INCONTROL ADV LANCING MISC	104	HIBICLENS SOLN EX (Use chlorhexidine gluconate)	48
HALOG CREA (Use halcinonide) ..	68	H-E-B INCONTROL ALCOHOL ..	114	HIGH POT MULTIVITAMIN/BETA- CAR TABS PO	137
HALOG OINT	68	H-E-B INCONTROL LANCETS 28G .	104	HIGH POTENCY MULTIVIT/FA TABS PO	137
HALOG SOLN	68	H-E-B INCONTROL LANCETS 30G .	104	HIGH POTENCY MULTIVITAMIN TABS PO	141
haloperidol decanoate	46	H-E-B INCONTROL LANCETS 33G .	104	HIPREX PO (Use methenamine hippurate)	39
haloperidol lactate CONC PO	46	H-E-B INCONTROL PEN NEEDLES	118	HM COMPLETE MEN TABS PO .	137
haloperidol TABS PO 0.5 MG, 1 MG, 10 MG	46				
haloperidol TABS PO 2 MG, 5 MG, 20 MG	46				
HARVONI PACK	51				
HARVONI TABS	51				
HAVRIX	163				

HM EMBRACE TALK SYSTEM KIT 104	HUMIRA (2 PEN) AJKT 4	HYCODAN SOLN PO (Use hydrocodone bitartrate-homatropine methylbromide) 60
HM HAIR/SKIN/NAILS TABS PO 137	HUMIRA (2 SYRINGE) PSKT 4	hydralazine hcl TABS PO 37
HM STERILE ALCOHOL PREP . 114	HUMIRA-CD/UC/HS STARTER AJKT 40 MG/0.8ML 4	HYDRALYTE FREEZER POPS SOLN PO 130
HM STERILE PADS PADS 94	HUMIRA-CD/UC/HS STARTER AJKT 80 MG/0.8ML 4	HYDRALYTE SOLN PO 130
HM ULTICARE INSULIN SYRINGE . 118	HUMIRA-PED<40KG CROHNS STARTER PSKT 4	HYDREA PO (Use hydroxyurea) .. 43
HM ULTICARE MINI PEN NEEDLES 118	HUMIRA-PED>/=40KG CROHNS START PSKT 4	HYDROCELL ADHESIVE DRESSING PADS 94
HM ULTICARE SHORT PEN NEEDLES 118	HUMIRA-PED>/=40KG UC STARTER AJKT 4	HYDROCELL DRESSING PADS .. 94
HORIZANT PO 157	HUMIRA-PS/UV/ADOL HS STARTER AJKT 4	hydrochlorothiazide CAPS PO 79
HUDSON RCI AEROSOL MASK ADULT MISC 125	HUMIRA-PSORIASIS/UEVIT STARTER AJKT 4	hydrochlorothiazide TABS PO 79
HULIO (2 PEN) AJKT 4	HUMIRA-PSORIASIS/UEVIT STARTER AJKT 4	hydrocodone bitartrate CP12 PO ... 8
HULIO (2 SYRINGE) PSKT 4	HUMULIN 70/30 KWIKPEN SUPN 27	hydrocodone bitartrate T24A 8
HUMALOG JUNIOR KWIKPEN SOPN 26	HUMULIN 70/30 SUSP 27	hydrocodone bitartrate-homatropine methylbromide SOLN PO 60
HUMALOG KWIKPEN SOPN 100 UNIT/ML 26	HUMULIN N KWIKPEN SUPN 27	hydrocodone-acetaminophen SOLN PO 108 MG/5ML-2.5 MG/5ML, 217 MG/10ML-5 MG/10ML, 325 MG/15ML-7.5 MG/15ML 9
HUMALOG KWIKPEN SOPN 200 UNIT/ML 26	HUMULIN N SUSP 27	hydrocodone-acetaminophen TABS PO 300 MG-10 MG, 300 MG-5 MG, 300 MG-7.5 MG 10
HUMALOG MIX 50/50 KWIKPEN SUPN 26	HUMULIN R SOLN IJ 27	hydrocodone-acetaminophen TABS PO 325 MG-10 MG, 325 MG-5 MG, 325 MG-7.5 MG 9
HUMALOG MIX 50/50 SUSP 26	HUMULIN R U-500 (CONCENTRATED) SOLN SC 27	hydrocodone-ibuprofen PO 10 MG- 200 MG, 5 MG-200 MG, 7.5 MG-200 MG 10
HUMALOG MIX 75/25 KWIKPEN SUPN 26	HUMULIN R U-500 KWIKPEN SOPN SC 27	hydrocortisone (intrarectal) PR 11
HUMALOG MIX 75/25 SUSP 26	HW EMBRACE PRO GLUCOSE METER DEVI 104	hydrocortisone (rectal) EX 1 % 11
HUMALOG SOCT 27	HW EMBRACE PRO GLUCOSE TEST STRP 76	hydrocortisone (rectal) EX 2.5 % .. 11
HUMALOG SOLN IJ 27	HW EMBRACE TALK BLOOD GLUCOSE DEVI 105	hydrocortisone (topical) CREA 0.5 % 68
HUMALOG TEMPO PEN SOPN .. 27	HW EMBRACE TALK GLUCOSE TEST STRP 76	
HUMATE-P SOLR 87	HYCAMTIN CAPS PO 44	
HUMATROPE CART IJ 80		

hydrocortisone (topical) CREA 1 % 68	hydroxyzine pamoate CAPS PO ...12	HYZAAR PO (Use losartan potassium & hydrochlorothiazide) . 36
hydrocortisone (topical) CREA 2.5 % 68	HYFTOR .....70	ibandronate sodium TABS PO 80
hydrocortisone (topical) LOTN 2.5 % . 68	HYLAZINC TABS PO .....137	IBRANCE CAPS 42
hydrocortisone (topical) OINT 1 %, 2.5 % 68	hyoscyamine sulfate ELIX PO ...160	IBRANCE TABS 42
hydrocortisone (topical) SOLN 2.5 % 68	hyoscyamine sulfate SOLN PO 0.125 MG/ML .....160	IBSRELA 84
hydrocortisone butyrate CREA 68	hyoscyamine sulfate SUBL 0.125 MG.....160	ibuprofen CAPS PO 6
hydrocortisone butyrate hydrophilic lipo base 68	hyoscyamine sulfate TABS PO 0.125 MG .....160	ibuprofen SUSP PO 100 MG/5ML .. 6
hydrocortisone butyrate LOTN 69	hyoscyamine sulfate TB12 PO 0.375 MG .....160	ibuprofen SUSP PO 6
hydrocortisone butyrate OINT 69	hyoscyamine sulfate TB12 PO 0.375 MG .....160	ibuprofen TABS PO 6
hydrocortisone butyrate SOLN 69	HYOSCOPAMINE SUBL 0.125 MG.....160	ibuprofen-famotidine 6
HYDROCORTISONE COMPLETE KIT THPK 69	HYPERRHO S/D SOSY IM 1500 UNIT 153	ICAPS AREDS FORMULA TABS PO.....137
hydrocortisone TABS PO 59	HYPOLANCE AST LANCING KIT 105	icatibant acetate SOSY 87
hydrocortisone valerate CREA 69	HYRIMOZ SOAJ 5	ICLUSIG PO 42
hydrocortisone valerate OINT 69	HYRIMOZ SOSY 5	icosapent ethyl 32
hydrocortisone w/acetic acid .....153	HYRIMOZ-CROHNS/UC STARTER SOAJ 5	IDACIO (2 PEN) AJKT 5
hydromorphone hcl LIQD PO 8	HYRIMOZ-PED<40KG CROHN STARTER SOSY 5	IDACIO (2 SYRINGE) PSKT 5
HYDROMORPHONE HCL SUPP PR 8	HYRIMOZ-PED>=40KG CROHN START SOSY 5	IDACIO-CROHNS/UC STARTER AJKT 5
hydromorphone hcl TABS PO 8	HYRIMOZ-PLAQ PSOR/UEVIT START SOAJ 5	IDACIO-PSORIASIS STARTER AJKT 5
hydromorphone hcl TB24 PO 8	HYSINGLA ER T24A 8	IDELVION 87
hydroquinone CREA 4 % 72	HYVEE ADVANCED ANTACID SUSP PO (Use alum & mag hydrox- simethicone) .....11	IDHIFA 42
hydroxychloroquine sulfate PO 39	HY-VEE LANCETS 105	IGLUCOSE MONITORING SYSTEM KIT 105
HYDROXYM GEL 69	HY-VEE THIN LANCETS 105	IGLUCOSE TEST STRIPS STRP . 76
hydroxyurea PO 43		IHEALTH COVID-19 RAPID TEST KIT 76
hydroxyzine hcl SYRP PO 12		IHEALTH LANCING DEVICE MISC 105
hydroxyzine hcl TABS PO 12		IHEEZO 150

ILARIS SOLN	5	loperamide hcl)	29	INFANRIX	159
ILEVRO	152	IMOVAX RABIES SUSR	164	INFANTS ADVIL SUSP PO (Use ibuprofen)	6
ILUMYA	66	IMURAN TABS PO (Use azathioprine)	131	INFINITY BLOOD GLUCOSE SYSTEM KIT	105
imatinib mesylate TABS PO	42	IMVEXXY MAINTENANCE PACK INST	165	INFINITY BLOOD GLUCOSE TEST STRP	76
IMBRUVICA CAPS	42	IMVEXXY STARTER PACK INST 165		INFINITY VOICE KIT	105
IMBRUVICA SUSP	42	IN TOUCH BLOOD GLUCOSE TEST STRP	76	INFINITY VOICE STRP	76
IMBRUVICA TABS	42	IN TOUCH DEVI	105	INFLECTRA SOLR	84
imipenem-cilastatin IV	38	IN TOUCH LANCING DEVICE MISC 105		INFLIXIMAB	84
imipramine hcl TABS PO	24	IN TOUCH STERILE LANCETS 30G	105	INGREZZA CAPS	156
imipramine pamoate PO	24	INBRIJA CAPS	44	INGREZZA CPPK	156
imiquimod 3.75 %	70	IN-CHECK DIAL FLOW TRAINER DEVI	125	INLYTA	40
imiquimod 5 %	70	IN-CHECK INSPIRATORY FLOW MTR DEVI	125	INNOPRAN XL PO	53
IMITREX 5 MG/ACT, 20 MG/ACT (Use sumatriptan)	128	INCONTROL ULTICARE PEN NEEDLES	118	INNOSPIRE REPLACEMENT FILTER MISC	125
IMITREX STATDOSE REFILL SOCT 4 MG/0.5ML (Use sumatriptan succinate)	128	INCRELEX	80	INQOVI	42
IMITREX STATDOSE REFILL SOCT 6 MG/0.5ML (Use sumatriptan succinate)	128	INCRUSE ELLIPTA	14	INREBIC	42
IMITREX STATDOSE SYSTEM SOAJ 4 MG/0.5ML (Use sumatriptan succinate)	129	indapamide TABS PO 1.25 MG, 2.5 MG	79	INSPIRACHAMBER/LARGE DEVI 125	
IMITREX STATDOSE SYSTEM SOAJ 6 MG/0.5ML (Use sumatriptan succinate)	129	INDERAL LA CP24 PO (Use propranolol hcl)	53	INSPIRACHAMBER/MEDIUM DEVI . 125	
IMITREX TABS PO (Use sumatriptan succinate)	129	INDERAL XL PO	53	INSPIRACHAMBER/MOUTHPIECE DEVI	125
IMMUNE SUPPORT CHEW PO .	137	indomethacin CAPS PO 25 MG, 50 MG	6	INSPIREASE MISC	125
IMODIUM A-D CAPS PO (Use loperamide hcl)	29	indomethacin CPCR PO	6	INSPRA PO (Use eplerenone)	37
IMODIUM A-D SOLN PO (Use loperamide hcl)	29	indomethacin SUPP PR	6	INSULIN ASP PROT & ASP FLEXPEN SUPN	27
IMODIUM A-D TABS PO (Use		indomethacin SUSP PO	6	INSULIN ASPART FLEXPEN SOPN . 27	

INSULIN ASPART PENFILL SOCT 27	etravirine) 49	ISENTRESS CHEW 100 MG 49
INSULIN ASPART PROT & ASPART SUSP 27	INTELENCE PO 49	ISENTRESS CHEW 25 MG 49
INSULIN ASPART SOLN IJ 27	INTELISWAB COVID-19 RAPID TEST KIT 76	ISENTRESS HD TABS PO 49
INSULIN DEGLUDEC FLEXTOUCH SOPN 27	INTRAROSA 164	ISENTRESS PACK PO 49
INSULIN DEGLUDEC SOLN 27	INTUNIV PO (Use guanfacine hcl (adhd)) 1	ISENTRESS TABS PO 49
INSULIN GLARGINE MAX SOLOSTAR SOPN 27	INVANZ IJ (Use ertapenem sodium) . 38	isoniazid SYRP PO 40
INSULIN GLARGINE SOLN 27	INVEGA HAFYERA 46	isoniazid TABS PO 40
INSULIN GLARGINE SOLOSTAR SOPN 100 UNIT/ML 27	INVEGA PO 1.5 MG (Use paliperidone) 45	ISORDIL TITRADOSE TABS PO (Use isosorbide dinitrate) 12
INSULIN GLARGINE SOLOSTAR SOPN 300 UNIT/ML 27	INVEGA PO 3 MG, 6 MG, 9 MG (Use paliperidone) 46	isosorbide dinitrate TABS PO 12
INSULIN GLARGINE-YFGN SOLN 27	INVEGA SUSTENNA 46	isosorbide dinitrate-hydralazine hcl PO 55
INSULIN GLARGINE-YFGN SOPN 27	INVEGA TRINZA 46	isosorbide mononitrate TABS PO . 12
INSULIN LISPRO (1 UNIT DIAL) SOPN 27	INVELTYS SUSP 151	isosorbide mononitrate TB24 PO .. 12
INSULIN LISPRO JUNIOR KWIKPEN SOPN 27	INVOKAMET TABS 25	isotretinoin PO 10 MG, 20 MG, 40 MG 63
INSULIN LISPRO PROT & LISPRO SUPN 27	INVOKAMET XR TB24 25	isotretinoin PO 25 MG, 30 MG, 35 MG 63
INSULIN LISPRO SOLN IJ 27	INVOKANA 28	isradipine CAPS PO 54
INSULIN SYRINGE 118	IONIL-T SHAM (Use coal tar extract) 73	ISTALOL SOLN (Use timolol maleate (ophth)) 149
INSULIN SYRINGE-NEEDLE U-100 118	IOPIDINE 149	ISTURISA 79
INSUPEN PEN NEEDLES 118	IPOL 164	itraconazole CAPS PO 31
INSUPEN SENSITIVE 118	ipratropium bromide (nasal) 0.03 % 148	itraconazole SOLN 31
INSUPEN ULTRAFIN 118	ipratropium bromide (nasal) 0.06 % 148	ivermectin (rosacea) 72
INTELENCE PO (Use etravirine) .. 49	ipratropium bromide SOLN 0.02 % 14	ivermectin PO 12
INTELENCE PO 200 MG (Use	ipratropium-albuterol SOLN 16	IWILFIN 43
	irbesartan PO 35	IXIARO 164
	irbesartan-hydrochlorothiazide PO 36	IXINITY SOLR 87
	IRESSA (Use gefitinib) 41	IYUZEH SOLN 152
		J & J GAUZE PADS 94
		J & J GAUZE SPONGES 12-PLY

MISC	94	JYNARQUE TBPK	82	KENDALL CA ALGINATE 6"X10" MISC	73
J & J GAUZE SPONGES 16-PLY MISC	94	JYNNEOS	164	KENDALL CA ALGINATE 8"X4" MISC	73
J & J GAUZE SPONGES 8-PLY MISC	94	KALBITOR	87	KENDALL CA ALGINATE PLUS 4"X4" MISC	73
JADENU SPRINKLE PACK (Use deferasirox)	29	KALETRA SOLN PO (Use lopinavir- ritonavir)	49	KENDALL HYDROPHILIC FOAM DRESS PADS	94
JADENU TABS PO (Use deferasirox)	29	KALETRA TABS PO (Use lopinavir- ritonavir)	49	KENDALL HYDROPHILIC FOAM PLUS PADS	94
JAKAFI	42	KALETRA TABS PO 25 MG-100 MG (Use lopinavir-ritonavir)	49	KEPPRA SOLN PO 100 MG/ML (Use levetiracetam)	18
JALYN PO (Use dutasteride- tamsulosin hcl)	86	KALETRA TABS PO 50 MG-200 MG (Use lopinavir-ritonavir)	49	KEPPRA TABS PO 1000 MG (Use levetiracetam)	18
JANSSEN COVID-19 VACCINE ..	164	KALYDECO PACK	158	KEPPRA TABS PO 250 MG, 750 MG (Use levetiracetam)	19
JANUMET TABS PO	25	KALYDECO TABS	158	KEPPRA TABS PO 500 MG (Use levetiracetam)	18
JANUMET XR TB24 PO	25	KAMELEON LUBRICATED MISC ..	95	KEPPRA XR TB24 PO (Use levetiracetam)	18
JANUVIA PO	26	KAPSPARGO SPRINKLE CS24 ..	52	KERENDIA PO	81
JARDIANCE PO	28	KATERZIA	54	KERLIX AMD ANTIMICROBIAL MISC	94
JAYPIRCA	42	KAZANO (Use alogliptin-metformin hcl)	25	KERLIX BANDAGE ROLL 2-1/4"X9' MISC	94
JENTADUETO TABS	25	KENALOG AERS (Use triamcinolone acetoneide (topical))	69	KERLIX BANDAGE ROLL 4.5"X9.3' MISC	94
JENTADUETO XR TB24	25	KENDALL CA ALGINATE 12" ROPE MISC	73	KERLIX BANDAGE ROLL MISC ..	94
JESDUVROQ	88	KENDALL CA ALGINATE 12"X24" MISC	73	KERLIX GAUZE ROLL LARGE MISC	94
JIVI	87	KENDALL CA ALGINATE 2"X2" MISC	73	KERLIX GAUZE ROLL MEDIUM MISC	94
JOENJA	131	KENDALL CA ALGINATE 24" ROPE MISC	73	KERLIX GAUZE ROLL SMALL MISC	94
JORNAY PM CP24 PO	2	KENDALL CA ALGINATE 36" ROPE MISC	73	KERLIX SPONGES PADS	94
JUBLIA	64	KENDALL CA ALGINATE 4"X4" MISC	73		
JULUCA	49	KENDALL CA ALGINATE 4"X5-1/2" MISC	73		
JUST 4 KIDZ MULTIVIT/PROBIOTIC CHEW PO	142				
JUXTAPID PO 5 MG, 10 MG, 20 MG, 30 MG	34				
JYLAMVO SOLN	40				
JYNARQUE TABS	82				

KERLIX X-RAY DETECTABLE SPONGE MISC	94	KIMONO PS MISC	95	KMART VALU INSULIN SYRINGE 30G	118
KERYDIN (Use tavaborole)	64	KIMONO PS PLUS MISC	95	KOATE SOLR	87
KESIMPTA	156	KIMONO SENSATION MISC	96	KOATE-DVI SOLR 1000 UNIT	87
ketoconazole (topical) CREA	64	KIMONO SENSATION PLUS MISC 95		KOGENATE FS KIT	87
ketoconazole (topical) FOAM	64	KIMONO SPECIAL DEVI	96	KOKO PEAK PRO MOUTHPIECE MISC	125
ketoconazole (topical) SHAM 2 %	64	KINDERLYTE PREMAX SOLN PO 130		KOMBIGLYZE XR PO (Use saxagliptin-metformin hcl)	25
ketoconazole PO	31	KINDERLYTE SOLN PO	130	KONVOMEK SUSR	161
KETODAN	64	KINERET SOSY	5	KORLYM (Use mifepristone (hyperglycemia))	26
KETONE TEST STRP	76	KINNEY LANCETS	105	KOSELUGO	42
ketoprofen CP24 PO	6	KINNEY THIN LANCETS	105	KOVALTRY	87
ketorolac tromethamine (ophth) 0.4 %	152	KINRAY INSULIN SYRINGE	118	KP PRENATAL MULTIVITAMINS TABS PO	145
ketorolac tromethamine (ophth) 0.5 %	152	KINRIX SUSY	159	K-PAX IMMUNE PROFESSIONAL ST TABS PO	137
KETOROLAC TROMETHAMINE SOLN NA 15.75 MG/SPRAY	6	KISQALI (200 MG DOSE)	42	K-PHOS NO 2 PO	85
ketorolac tromethamine TABS PO ..	6	KISQALI (400 MG DOSE)	42	K-PHOS-NEUTRAL PO (Use pot phosphate monobasic w/ sod phosphate dibasic & monobasic) .	130
KETOSTIX STRP	76	KISQALI (600 MG DOSE)	42	KRAZATI	42
KEVEYIS PO (Use dichlorphenamide)	78	KISQALI FEMARA (200 MG DOSE) .	42	KRINTAFEL	39
KEVZARA SOAJ	5	KISQALI FEMARA (400 MG DOSE) .	42	KROGER AUTOLET LANCING DEVICE MISC	105
KEVZARA SOSY	5	KISQALI FEMARA (600 MG DOSE) .	42	KROGER BLOOD GLUCOSE KIT 105	
KEYLOSA TABS PO	137	KITABIS PAK NEBU (Use tobramycin)	3	KROGER BLOOD GLUCOSE TEST STRP	77
KIMONO COLORS DEVI	95	KLARON (Use sulfacetamide sodium (acne))	63	KROGER HEALTHPRO GLUCOSE TEST STRP	77
KIMONO MAXX-LARGE FLARE MISC	95	KLING FLUFF MISC	94	KROGER HEALTHPRO LANCET 26G	105
KIMONO MICRO THIN MISC	95	KLONOPIN TABS PO (Use clonazepam)	18		
KIMONO MICRO THIN PLUS MISC .	95	KLOXXADO LIQD	29		
KIMONO MISC	96	KMART VALU INSULIN SYRINGE 29G	118		
KIMONO PLUS MISC	95				

KROGER INSULIN SYRINGE ...118	lactic acid (ammonium lactate) CREA.....70	MISC .....105
KROGER LANCETS .....105	lactic acid (ammonium lactate) LOTN 12 %70	LANCETS .....105
KROGER LANCETS 21G .....105	lactulose (encephalopathy) PO ...84	LANCETS 28G THIN .....105
KROGER LANCETS MICRO THIN 33G .....105	lactulose SOLN PO .....90	LANCETS 30G .....105
KROGER LANCETS SUPER THIN 105	LAGEVRIO .....52	LANCETS 33G .....105
KROGER LANCETS THIN .....105	LAMICTAL CHEW PO (Use lamotrigine) .....19	LANCETS MICRO THIN 33G ...105
KROGER LANCETS THIN 26G .105	LAMICTAL ODT KIT PO (Use lamotrigine) .....19	LANCETS SUPER THIN 28G ...105
KROGER LANCETS ULTRATHIN 30G .....105	LAMICTAL ODT TBDP PO (Use lamotrigine) .....19	LANCETS THIN .....105
KROGER LANCING DEVICE MISC 105	LAMICTAL ODT TB24 PO (Use lamotrigine) .....19	LANCETS ULTRA THIN .....105
KROGER PEN NEEDLES .....118	LAMICTAL STARTER KIT PO 25 MG (Use lamotrigine) .....19	LANCETS ULTRA THIN 30G ...105
KROGER PREMIUM BLOOD GLUCOSE KIT .....105	LAMICTAL TABS PO (Use lamotrigine) .....19	LANCING DEVICE MISC .....105
KROGER PREMIUM GLUCOSE TEST STRP .....77	LAMICTAL XR KIT PO .....19	LANREOTIDE ACETATE .....82
K-TAB TBCR PO 10 MEQ, 20 MEQ (Use potassium chloride) .....130	LAMICTAL XR TB24 PO (Use lamotrigine) .....19	lansoprazole CPDR PO .....161
KUVAN PACK (Use sapropterin dihydrochloride) .....81	lamivudine (hbv) TABS PO .....51	lansoprazole TBDD .....161
KUVAN TABS (Use sapropterin dihydrochloride) .....81	lamivudine SOLN PO .....49	lanthanum carbonate CHEW PO ..85
K-Y ME & YOU EXTRA LUBRICATED DEVI .....96	lamivudine TABS PO 150 MG ....49	LANTUS SOLN .....27
K-Y ME & YOU INTENSE DEVI ...96	lamivudine TABS PO 300 MG ....49	LANTUS SOLOSTAR SOPN .....27
labetalol hcl TABS PO 100 MG ....52	lamivudine-zidovudine PO .....49	LANZO MISC .....105
labetalol hcl TABS PO 200 MG ....52	lamotrigine CHEW PO .....19	lapatinib ditosylate .....42
labetalol hcl TABS PO 300 MG ....52	lamotrigine KIT PO 25 MG .....19	LASIX TABS PO (Use furosemide) 79
lacosamide SOLN PO 10 MG/ML .19	lamotrigine TABS PO .....19	latanoprost SOLN .....152
lacosamide TABS PO .....19	lamotrigine TB24 PO .....19	LATUDA PO (Use lurasidone hcl) .45
LACRISERT .....148	lamotrigine TBDP PO .....19	LATUDA PO 40 MG, 80 MG (Use lurasidone hcl) .....45
	LAMPIT .....38	LEADER ADVANCED LANCING DEVICE MISC .....105
	LANCET DEVICE MISC .....105	LEADER INSULIN SYRINGE ....118
	LANCET DEVICE WITH EJECTOR	LEADER UNIFINE PENTIPS ....118
		LEADER UNIFINE PENTIPS PLUS . 118

LEDIPASVIR-SOFOSBUVIR TABS 51	levetiracetam TABS PO 250 MG, 750 MG 19	LEVSIN TABS PO (Use hyoscyamine sulfate) 160
leflunomide PO 7	levetiracetam TABS PO 500 MG .. 19	LEVSIN/SL SUBL (Use hyoscyamine sulfate) 160
LEMTRADA 156	levetiracetam TB24 PO 19	LEVULAN KERASTICK SOLR 65
lenalidomide PO 131	levobunolol hcl 0.5 % 149	LEXAPRO TABS PO 10 MG (Use escitalopram oxalate) 22
LENVIMA (10 MG DAILY DOSE) .40	levocarnitine (metabolic modifiers) SOLN PO 1 GM/10ML 81	LEXAPRO TABS PO 20 MG (Use escitalopram oxalate) 22
LENVIMA (12 MG DAILY DOSE) .40	levocarnitine (metabolic modifiers) TABS PO 81	LEXAPRO TABS PO 5 MG (Use escitalopram oxalate) 22
LENVIMA (14 MG DAILY DOSE) .40	levocetirizine dihydrochloride TABS PO 32	LEXETTE FOAM (Use halobetasol propionate) 69
LENVIMA (18 MG DAILY DOSE) .40	levofloxacin in d5w 83	LEXIVA SUSP PO 49
LENVIMA (20 MG DAILY DOSE) .40	levofloxacin SOLN IV 83	LEXIVA TABS PO (Use fosamprenavir calcium) 49
LENVIMA (24 MG DAILY DOSE) .40	levofloxacin SOLN PO 83	LIALDA TBEC PO (Use mesalamine) 84
LENVIMA (4 MG DAILY DOSE) .. 41	levofloxacin TABS PO 83	LIBERTY BLOOD GLUCOSE METER DEVI 105
LENVIMA (8 MG DAILY DOSE) .. 41	levonorgestrel & eth estradiol TABS PO 57	LIBERTY MEDICAL LANCETS ..105
LEQEMBI 155	levonorgestrel (emergency oc) PO 1.5 MG 58	LIBERTY MINI LANCING DEVICE MISC 105
LEQVIO 34	levonorgestrel-eth estradiol (triphasic) PO 57	LIBERTY NEXT GENERATION TEST STRP 77
LESCOL XL TB24 PO (Use fluvastatin sodium) 34	levonorgestrel-ethinyl estradiol (91- day) PO 0.03 MG-0.15 MG 57	LIBERTY NXT GENERATION MONITOR DEVI 105
LETAIRIS PO (Use ambrisentan) .55	levonorgestrel-ethinyl estradiol (91- day) PO 57	LIBERTY TEST STRP 77
letrozole PO 41	levonorgestrel-ethinyl estradiol (continuous) PO 57	LIBRAX PO (Use chlordiazepoxide hcl-clidinium bromide) 160
leucovorin calcium TABS PO 44	levonorgestrel-ethinyl estradiol-iron PO 57	LICART PT24 65
LEUKERAN PO 40	levorphanol tartrate TABS PO 8	lidocaine hcl (mouth-throat) 2 % ..132
LEUKINE SOLR IJ 88	levothyroxine sodium CAPS PO ..159	lidocaine hcl (mouth-throat) 4 % ..132
levabuterol hcl 16	LEVSIN SOLN IJ 0.5 MG/ML (Use hyoscyamine sulfate) 160	lidocaine hcl CREA 3 % 71
levabuterol tartrate 16		
levamlodipine maleate 54		
LEVEMIR FLEXPEN SOPN 27		
LEVEMIR FLEXTOUCH SOPN ... 27		
LEVEMIR SOLN 27		
levetiracetam SOLN PO 100 MG/ML, 500 MG/5ML 19		
levetiracetam TABS PO 1000 MG .19		

lidocaine hcl CREA 4.12 %	71	fenofibrate)	33	LIVALO PO (Use pitavastatin calcium)	34
lidocaine hcl GEL 2.8 %	71	LIPOFEN CAPS PO 50 MG (Use fenofibrate)	33	LIVE BETTER ADV LANCING DEVICE MISC	106
lidocaine hcl PRSY	71	LIQREV SUSP	55	LIVE BETTER LANCET SUPER THIN	106
lidocaine hcl SOLN	71	liraglutide	26	LIVE BETTER LANCET ULTRA THIN	106
lidocaine OINT 5 %	71	lisdexamphetamine dimesylate CAPS PO	1	LIVER DETOX TABS PO	137
lidocaine PTCH 5 %	71	lisdexamphetamine dimesylate CHEW . 1		LIVITA CHILDREN LIQD PO	142
LIDOCAINE-HYDROCORTISONE ACE GEL PR	11	lisinopril & hydrochlorothiazide PO	36	LIVTENCITY	51
lidocaine-hydrocortisone acetate (rectal) CREA EX	11	lisinopril TABS PO 2.5 MG, 5 MG, 10 MG, 20 MG, 30 MG, 40 MG	35	LO LOESTRIN FE TABS	57
lidocaine-hydrocortisone acetate (rectal) KIT PR	11	LITE TOUCH LANCETS	106	LOCOID LIPOCREAM	69
lidocaine-prilocaine CREA	71	LITE TOUCH LANCING PEN MISC 106		LOCOID LOTN (Use hydrocortisone butyrate)	69
lidocaine-prilocaine KIT	71	LITETOUCH INSULIN SYRINGE 118		LODOSYN PO (Use carbidopa)	44
LIDODERM PTCH (Use lidocaine)	71	LITETOUCH LANCETS	106	LOHIST-D LIQD PO	61
LIDOTRAL CREA	71	LITETOUCH MASK LARGE MISC 125		LOKELMA	132
LIDOTRAL-MENTHOL LIQD	71	LITETOUCH MASK MEDIUM MISC . 125		LOMOTIL TABS PO (Use diphenoxylate w/ atropine)	29
LIDOTRAN CREA	71	LITETOUCH MASK SMALL MISC 125		LONGS INSULIN SYRINGE	118
LIFESCAN UNISTIK 2	106	LITETOUCH PEN NEEDLES	118	LONGS LANCETS STANDARD	106
LIFESCAN UNISTIK II LANCETS 106		lithium carbonate CAPS PO	45	LONGS LANCETS THIN	106
LIKMEZ SUSP	37	lithium carbonate TABS PO	45	LONGS LANCETS ULTRA THIN 106	
lindane SHAM	72	lithium carbonate TBCR PO	45	LONSURF	42
linezolid SUSR	39	lithium PO	45	loperamide hcl CAPS PO	29
linezolid TABS PO	39	LITHOBID TBCR PO (Use lithium carbonate)	45	loperamide hcl SOLN PO 1 MG/7.5ML	29
LINZESS	84	LITHOSTAT	86	loperamide hcl TABS PO	29
liothyronine sodium TABS PO	159	LITTLE REMEDIES SALINE SOLN 147		LOPID TABS PO (Use gemfibrozil)	33
LIPITOR TABS PO (Use atorvastatin calcium)	34			lopinavir-ritonavir SOLN PO	49
LIPITOR TABS PO 10 MG, 20 MG, 80 MG (Use atorvastatin calcium)	34				
LIPOFEN CAPS PO (Use					

lopinavir-ritonavir TABS PO 25 MG-100 MG	49	etabonate)	151	enoxaparin sodium)	17
lopinavir-ritonavir TABS PO 50 MG-200 MG	49	LOTEMAX OINT	151	LOVENOX SOSY 60 MG/0.6ML (Use enoxaparin sodium)	17
LOPRESSOR TABS PO 100 MG (Use metoprolol tartrate)	53	LOTEMAX SM GEL	151	LOVENOX SOSY 80 MG/0.8ML, 120 MG/0.8ML (Use enoxaparin sodium) .	17
LOPRESSOR TABS PO 50 MG (Use metoprolol tartrate)	52	LOTEMAX SUSP (Use loteprednol etabonate)	151	loxapine succinate PO	46
LOPROX	64	LOTENSIN HCT PO 12.5 MG-10 MG, 12.5 MG-20 MG, 25 MG-20 MG (Use benazepril & hydrochlorothiazide)	36	lubiprostone PO	84
LOPROX CREA (Use ciclopirox olamine)	64	LOTENSIN PO 10 MG, 20 MG (Use benazepril hcl)	35	LUCEMYRA (Use lofexidine hcl)	155
LOPROX SHAM (Use ciclopirox) ..	64	LOTENSIN PO 40 MG (Use benazepril hcl)	35	LUCIRA CHECK IT COVID-19 TEST KIT	77
LOPROX SUSP (Use ciclopirox olamine)	64	loteprednol etabonate GEL	151	LUCIRA COVID-19 ALL-IN-ONE KIT	77
loratadine & pseudoephedrine TB12 PO	61	loteprednol etabonate SUSP 0.5 %	151	LUER LOCK SAFETY SYRINGES	118
loratadine & pseudoephedrine TB24 PO	61	LOTREL PO 10 MG-5 MG, 20 MG-10 MG, 20 MG-5 MG, 40 MG-10 MG (Use amlodipine besylate-benazepril hcl)	36	luliconazole	64
loratadine SOLN PO	32	LOTRIMIN AF JOCK ITCH CREA (Use clotrimazole (topical))	64	LUMAKRAS 120 MG, 320 MG	42
loratadine TABS PO	32	LOTRONEX PO (Use alosetron hcl) .	85	LUMIGAN SOLN 0.01 %	152
loratadine TBDP PO 10 MG	32	lovastatin TABS PO 10 MG, 20 MG	34	LUNESTA PO (Use eszopiclone) ..	89
lorazepam CONC PO	13	lovastatin TABS PO 40 MG	34	LUPKYNIS	131
lorazepam TABS PO 0.5 MG, 2 MG	13	LOVAZA PO (Use omega-3-acid ethyl esters)	32	lurasidone hcl PO	45
lorazepam TABS PO 1 MG	13	LOVENOX SOLN IJ 300 MG/3ML (Use enoxaparin sodium)	17	LUTEIN-ZEAXANTHIN TABS PO 60 MG-5 MG-1 MG-15 MG-1 MG-750 MCG-20 MG	137
LORBRENA	42	LOVENOX SOSY 100 MG/ML, 150 MG/ML (Use enoxaparin sodium) .	17	LUXIQ FOAM (Use betamethasone valerate)	69
LOREEV XR CS24	13	LOVENOX SOSY 30 MG/0.3ML (Use enoxaparin sodium)	17	LUZU (Use luliconazole)	64
losartan potassium & hydrochlorothiazide PO	36	LOVENOX SOSY 40 MG/0.4ML (Use		LYBALVI	155
losartan potassium PO	35			LYNPARZA TABS PO	42
LOSEASONIQUE PO (Use levonorgestrel-ethinyl estradiol (91-day))	57			LYRICA CAPS PO (Use pregabalin) .	19
LOTEMAX GEL (Use loteprednol				LYRICA CAPS PO 25 MG, 50 MG, 150 MG (Use pregabalin)	19
				LYRICA CR (Use pregabalin (once-	

daily)) 157	130	MAXI-COMFORT INSULIN SYRINGE 118
LYRICA SOLN (Use pregabalin) ...19	MALARONE PO (Use atovaquone- proguanil hcl) .....39	MAXI-COMFORT SAFETY PEN NEEDLE .....118
LYSODREN PO 41	malathion .....73	MAXICOMFORT SYR 27G X 1/2" 118
LYTGOBI (12 MG DAILY DOSE) .42	MARATHON MEDICAL PENTIPS 118	MAXIDEX SUSP OP .....151
LYTGOBI (16 MG DAILY DOSE) .42	maraviroc TABS PO 150 MG .....49	MAXITROL OINT (Use neomycin- polymy-dexameth) .....151
LYTGOBI (20 MG DAILY DOSE) .42	maraviroc TABS PO 300 MG .....49	MAXITROL SUSP (Use neomycin- polymy-dexameth) .....151
LYUMJEV KWIKPEN SOPN .....27	MARINOL CAPS PO 2.5 MG (Use dronabinol) .....30	MAXI-TUSS PE MAX LIQD PO ... .61
LYUMJEV SOLN .....27	MARINOL CAPS PO 5 MG, 10 MG (Use dronabinol) 30	MAXX MISC ..... .96
LYUMJEV TEMPO PEN SOPN ... 27	MARPLAN PO 22	MAXX PLUS MISC ..... .96
LYVISPAH PACK .....147	MASK VORTEX/CHILD/FROG ..125	MAXZIDE TABS PO (Use triamterene & hydrochlorothiazide) 79
MACROBID PO (Use nitrofurantoin monohyd macro) .....39	MASK VORTEX/TODDLER/LADYBUG .125	MAXZIDE-25 TABS PO (Use triamterene & hydrochlorothiazide) 79
MACRODANTIN PO (Use nitrofurantoin macrocrystal) .....39	MASONATAL TABS PO .....145	MAYZENT STARTER PACK TBPK 0.25 MG .....156
mafenide acetate PACK 66	MATULANE PO .....43	MAYZENT TABS PO 156
MAG-200 TABS PO (Use magnesium oxide (mg supplement)) . 130	MAVENCLAD (10 TABS) PO ....156	meclizine hcl TABS PO 12.5 MG, 25 MG, 50 MG ..... .30
MAGELLAN INSULIN SAFETY SYR.....118	MAVENCLAD (4 TABS) PO .....156	meclofenamate sodium CAPS PO ..6
MAGELLAN SYRINGE-SAFETY NEEDLE .....118	MAVENCLAD (5 TABS) PO .....156	MEDIC INSULIN SYRINGE .....118
magnesium citrate PO 1.745 GM/30ML .....91	MAVENCLAD (6 TABS) PO .....156	MEDICHOICE SAFETY LANCET 106
magnesium hydroxide SUSP PO 7.75 %, 400 MG/5ML, 1200 MG/15ML, 2400 MG/30ML 91	MAVENCLAD (7 TABS) PO .....156	MEDICHOICE SAFETY LANCET EXTRA 106
magnesium oxide (mg supplement) TABS PO 130	MAVENCLAD (8 TABS) PO .....156	MEDICHOICE SAFETY LANCET NORM .....106
magnesium oxide TABS PO 400 MG 12	MAVENCLAD (9 TABS) PO .....156	MEDICINE SHOPPE PEN NEEDLES.....118
magnesium TABS PO 400 MG ...130	MAVYRET PACK 51	MEDLANCE EXTRA 21G .....106
MAGOX 400 TABS PO (Use magnesium oxide (mg supplement)) .	MAVYRET TABS PO 51	
	MAXALT TABS PO 10 MG (Use rizatriptan benzoate) .....129	
	MAXALT-MLT TBDP PO 10 MG (Use rizatriptan benzoate) .....129	
	MAXICOMFORT II PEN NEEDLE 118	

MEDLANCE LITE 25G	106	MEIJER BLOOD GLUCOSE KIT .	106	melphalan PO	40
MEDLANCE PLUS EXTRA 21G .	106	MEIJER BLOOD GLUCOSE TEST		memantine hcl CP24 PO	155
MEDLANCE PLUS LANCETS ...	106	STRP	77	memantine hcl SOLN PO 2 MG/ML	155
MEDLANCE PLUS LITE 25G	106	MEIJER ESSENTIAL BLOOD			
MEDLANCE PLUS SPECIAL 0.8MM		GLUCOSE KIT	106	memantine hcl TABS PO	155
.....	106	MEIJER ESSENTIAL GLUCOSE		MENACTRA	162
MEDLANCE PLUS SUPERLITE 30G		TEST STRP	77	MENEST PO	82
.....	106	MEIJER LANCETS	106	MENOSTAR PTWK	82
MEDLANCE PLUS UNIVERSAL 21G		MEIJER LANCETS THIN	106	MENQUADFI	162
.....	106	MEIJER LANCETS UNIVERSAL 21G		MENS 50+ MULTI VITAMIN/MIN	
MEDLANCE UNIVERSAL 21G ..	106	.....	106	TABS PO	137
MEDROL TABS PO (Use		MEIJER LANCETS UNIVERSAL 30G		MENS 50+ MULTIVITAMIN TABS	
methylprednisolone)	59	.....	106	PO	137
MEDROL TABS PO	59	MEIJER LANCETS UNIVERSAL 33G		MENS MULTI VITAMIN & MINERAL	
MEDROL TBPk PO (Use		.....	106	TABS PO	137
methylprednisolone)	59	MEIJER PEN NEEDLES	118	MENS MULTIVITAMIN CHEW PO	
medroxyprogesterone acetate		MEIJER PREMIUM BLOOD		137	
(contraceptive) SUSP IM	59	GLUCOSE KIT	106	MENS MULTIVITAMIN GUMMIES	
medroxyprogesterone acetate		MEIJER SUPER THIN LANCETS		CHEW PO	137
(contraceptive) SUSY IM	59	106		MENS MULTIVITAMIN TABS PO	
medroxyprogesterone acetate PO 2.5		MEIJER TRUE2GO BLOOD		137	
MG, 5 MG, 10 MG	154	GLUCOSE KIT	106	menthol-methyl salicylate (liniments)	
mefenamic acid CAPS PO	6	MEIJER TRUERESULT GLUCOSE		CREA	71
mefloquine hcl PO	39	SYS KIT	106	MENVEO SOLN	162
MEGA MULTI FOR WOMEN TABS		MEIJER TRUETEST TEST STRP .	77	MENVEO SOLR	162
PO	137	MEIJER TRUETRACK GLUCOSE		meperidine hcl SOLN PO 50	
MEGA MULTI MEN TABS PO ...	137	SYS KIT	106	MG/5ML	8
MEGAVITE FRUITS & VEGGIES		MEIJER TRUETRACK TEST STRP		meperidine hcl TABS PO 50 MG ...	8
TABS PO	137	77		MEPHYTON TABS PO (Use	
MEGAVITE GOLDEN YEARS 55+		MEKINIST SOLR	43	phytonadione)	166
TABS PO	137	MEKINIST TABS PO	43	meprobamate PO	13
megestrol acetate (appetite) PO .	154	MEKTOVI	43	MEPRON PO (Use atovaquone) ..	38
megestrol acetate SUSP PO	41	meloxicam CAPS PO	6	mercaptopurine TABS PO	40
megestrol acetate TABS PO	41	meloxicam TABS PO	6		

meropenem	38	metformin hcl TB24 PO 750 MG ...	25	methylphenidate hcl TB24 PO 18	MG, 27 MG, 54 MG	2
MEROPENEM-SODIUM CHLORIDE	38	methadone hcl CONC PO	8	METHADONE HCL SOLN IJ (Use		
mesalamine CP24	84	methadone hcl)	8	methadone hcl SOLN PO	8	
mesalamine CPCR PO	84	methadone hcl SOLN PO	8	methadone hcl TABS PO 10 MG ...	8	
mesalamine CPDR PO	84	methadone hcl TABS PO 10 MG ...	8	methadone hcl TABS PO 5 MG	8	
mesalamine ENEM PR	84	methadone hcl TABS PO 5 MG	8	methadone hcl TBSO PO	8	
mesalamine SUPP PR	84	METHADOSE CONC PO (Use		METHADOSE CONC PO (Use		
mesalamine TBEC PO 1.2 GM	84	methadone hcl)	8	methadone hcl)	8	
mesalamine TBEC PO 800 MG ...	84	METHADOSE SUGAR-FREE CONC		METHADOSE SUGAR-FREE CONC		
mesalamine w/ cleanser PR	84	PO (Use methadone hcl)	8	PO (Use methadone hcl)	8	
MESNEX TABS PO	44	methamphetamine hcl PO	1	methamphetamine hcl PO	1	
MESTINON SOLN PO (Use		methazolamide TABS PO	78	methamphetamine hcl TB24 PO 18	MG, 27 MG, 54 MG	2
pyridostigmine bromide)	39	methenamine hippurate PO	39	methamphetamine hcl TB24 PO 36 MG		2
MESTINON TABS PO (Use		methenamine mandelate	39	.....		2
pyridostigmine bromide)	40	methenamine-hyoscamine-methylene		methamphetamine hcl TBCR PO 10		3
MESTINON TBCR PO (Use		blue-sodium phosphate TABS PO .37		MG		3
pyridostigmine bromide)	40	methenamine-hyosc-methylene blue-		methamphetamine hcl TBCR PO 18		2
METADATE CD CPCR PO (Use		benzoic acid-phenyl sal PO	37	MG, 27 MG, 54 MG		2
methylphenidate hcl)	2	methenamine-hyosc-methylene blue-		methamphetamine hcl TBCR PO 20		3
METAMUCIL FREE & NATURAL		sod phos-phenyl sal CAPS PO ...	38	MG		3
POWD PO (Use psyllium)	90	methenamine-hyosc-methylene blue-		methamphetamine hcl TBCR PO 36		2
METAMUCIL POWD PO (Use		sod phos-phenyl sal TABS PO 81.6		MG		2
psyllium)	90	MG	38	methamphetamine hcl TBCR PO 45		2
metaxalone PO	147	methimazole TABS PO	159	MG, 63 MG, 72 MG		2
metformin hcl SOLN PO	25	methocarbamol TABS PO 500 MG,		methamphetamine PTCH 10 MG/9HR,		3
metformin hcl TABS PO 1000 MG .25		750 MG	147	20 MG/9HR, 30 MG/9HR		3
metformin hcl TABS PO 500 MG ..25		methotrexate sodium TABS PO 2.5		methamphetamine PTCH 15 MG/9HR .		3
metformin hcl TABS PO 625 MG ..25		MG	40	3		
metformin hcl TABS PO 850 MG ..25		methoxsalen rapid PO	66	methylprednisolone TABS PO	59	
metformin hcl TB24 PO 500 MG,		methscopolamine bromide PO ...	160	methylprednisolone TBPK PO	59	
1000 MG	25	methsuximide	21	metoclopramide hcl SOLN PO 5		84
metformin hcl TB24 PO 500 MG ..25				MG/5ML, 10 MG/10ML		84

metoclopramide hcl TABS PO .....84	MICARDIS PO (Use telmisartan) ..35	MINIPRESS CAPS PO (Use prazosin hcl) 35
metolazone PO .....79	miconazole nitrate vaginal SUPP 200 MG .....165	MINIVELLE PTTW (Use estradiol) 82
metoprolol & hydrochlorothiazide TABS PO .....36	miconazole-zinc oxide-white petrolatum .....64	minocycline hcl CAPS PO .....159
metoprolol succinate TB24 PO 200 MG .....53	MICROCHAMBER DEVI .....125	minocycline hcl TABS PO .....159
metoprolol succinate TB24 PO 25 MG, 50 MG, 100 MG .....53	MICROCHAMBER MISC .....125	minocycline hcl TB24 PO .....159
metoprolol tartrate TABS PO 100 MG .....53	MICRODOT BLOOD GLUCOSE SYSTEM KIT .....106	MINOLIRA TB24 PO .....159
metoprolol tartrate TABS PO 25 MG, 50 MG .....53	MICRODOT PEN NEEDLE .....118	minoxidil PO 2.5 MG, 10 MG .....37
metoprolol tartrate TABS PO 37.5 MG, 75 MG .....53	MICRODOT TEST STRP .....77	mirabegron TB24 PO .....162
METROLOTION LOTN (Use metronidazole (topical)) .....72	MICROLET LANCETS .....106	MIRALAX MIX-IN PAX PACK PO (Use polyethylene glycol 3350) ....90
metronidazole (topical) CREA .....72	MICROLET NEXT LANCING DEVICE MISC .....106	MIRALAX PACK PO (Use polyethylene glycol 3350) .....90
metronidazole (topical) GEL 0.75 % 72	MICROSPACER MISC .....125	MIRALAX POWD PO (Use polyethylene glycol 3350) .....90
metronidazole (topical) GEL 1 % ..72	midazolam hcl SYRP PO .....89	MIRAPEX ER TB24 PO 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (Use pramipexole dihydrochloride) .....44
metronidazole (topical) LOTN .....72	midodrine hcl PO .....165	MIRAPEX ER TB24 PO 1.5 MG (Use pramipexole dihydrochloride) .....44
metronidazole CAPS PO .....37	MIFEPREX (Use mifepristone) ...81	MIRASORB SPONGES MISC .....94
METRONIDAZOLE SOLN (Use metronidazole) .....37	mifepristone (hyperglycemia) .....26	MIRCERA .....88
metronidazole SOLN .....37	mifepristone .....81	MIRCETTE PO (Use desogestrel-ethinyl estradiol (biphasic)) .....58
metronidazole TABS PO .....37	miglitol PO .....24	mirtazapine TABS PO 15 MG .....21
metronidazole vaginal .....165	MIGRANAL SOLN NA (Use dihydroergotamine mesylate) ....128	mirtazapine TABS PO 30 MG .....21
metirosine PO .....35	MINASTRIN 24 FE CHEW PO (Use norethin acet & estrad-fe) .....58	mirtazapine TABS PO 7.5 MG, 45 MG .....21
mexiletine hcl PO .....13	mineral oil ENEM PR .....90	mirtazapine TBDP PO 15 MG .....21
micafungin sodium .....30	MINI LANCING DEVICE MISC ...106	mirtazapine TBDP PO 30 MG .....21
MICAFUNGIN SODIUM .....30	MINIELITE FILTER REPLACEMENTS MISC .....125	mirtazapine TBDP PO 45 MG .....21
MICARDIS HCT PO (Use telmisartan-hydrochlorothiazide) ...36	MINILINK REAL-TIME TRANSMITTER .....106	mirtazapine TBDP PO 45 MG .....21
	MINIMED 630G GUARDIAN PRESS .....106	misoprostol PO .....161

MITIGARE CAPS (Use colchicine) 86	148	morphine sulfate TBCR PO	9
MM BLOOD GLUCOSE SYSTEM KIT	106	MOTEGRITY PO (Use prucalopride succinate)	83
MM BLULINK GLUCOSE TEST STRP	77	MOTPOLY XR CP24	19
MM EASY TOUCH GLUCOSE METER KIT	106	MOTRIN INFANTS DROPS SUSP PO (Use ibuprofen)	6
MM EASY TOUCH GLUCOSE STRP	77	MOUNJARO	26
MM INSULIN SYRINGE/NEEDLE 119		MOVANTIK PO	85
MM LANCING DEVICE MISC	106	moxifloxacin hcl (ophth) SOLN OP 150	
MM PEN NEEDLES	119	moxifloxacin hcl TABS PO	83
MM TWIST LANCETS	106	MPD SAFETY LANCET 21G	107
M-M-R II SOLR	164	MPD SAFETY LANCET 23G	107
M-NATAL PLUS TABS PO	145	MPD SAFETY LANCET 28G	107
modafinil PO	3	MPD SAFETY LANCET 30G	107
MODERNA COVID-19 BIVAL 6M-5Y	164	MRESVIA	164
MODERNA COVID-19 BIVALENT 164		MS CONTIN TBCR PO (Use morphine sulfate)	9
MODERNA COVID-19 VAC (BOOSTER) SUSP	164	MS INSULIN SYRINGE	119
MODERNA COVID-19 VAC 6M-11Y SUSP	164	MUCINEX MAXIMUM STRENGTH TB12 PO (Use guaifenesin)	62
MODERNA COVID-19 VAC 6M-11Y SUSY	164	MUCINEX STUFFY NOSE & CHEST LIQD PO (Use phenylephrine- guaifenesin)	61
MODERNA COVID-19 VACC 6M-5Y SUSP	164	MUCINEX TB12 PO (Use guaifenesin)	62
MODERNA COVID-19 VACCINE SUSP	164	MULPLETA	88
moexipril hcl PO	35	MULTAQ PO	13
molindone hcl PO 5 MG, 25 MG ...	47	MULTI VITAMIN TABS PO	141
mometasone furoate (nasal) SUSP		MULTI-BETIC DIABETES TABS PO . 137	
mometasone furoate CREA	69	MULTI-LANCET DEVICE 2 KIT ..	107
mometasone furoate OINT	69	MULTI-LANCET DEVICE MISC ..	107
mometasone furoate SOLN	69		
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MONOJECT LIFESHIELD SYRINGE	119		
MONOJECT MAGELLAN SYRINGE 119			
MONOJECT MEDICATION TRANSF NDL	119		
MONOJECT SYRINGE	119		
MONOJECT ULTRA COMFORT SYRINGE	119		
MONOLET LANCETS	107		
MONOLET OPD LANCETS	107		
MONOLETTOR SAFETY LANCETS 107			
montelukast sodium CHEW PO ...	14		
montelukast sodium PACK PO	14		
montelukast sodium TABS PO	14		
MONUROL (Use fosfomycin tromethamine)	39		
morphine sulfate beads PO	8		
morphine sulfate CP24 PO 10 MG, 20 MG, 30 MG, 50 MG, 60 MG, 80 MG, 100 MG	8		
morphine sulfate SOLN PO 10 MG/5ML, 20 MG/5ML	9		
morphine sulfate SOLN PO 20 MG/ML, 100 MG/5ML	8		
morphine sulfate SUPP PR	9		
morphine sulfate TABS PO	9		

MULTI-MAC PO	145	TABS PO	137	131
multiple vitamin TABS PO	141	MULTIVITAMIN-MINERALS TABS PO	138	mycophenolate sodium PO 360 MG 131
multiple vitamins w/ calcium TABS PO	132	MULTI-VIT-FLOR CHEW PO	143	MYCOZYL HC LIQD
multiple vitamins w/ iron TABS PO 133		MULTIVIT-MIN GUMMIES CHILDRENS CHEW PO	143	MYDAYIS CP24 PO (Use amphetamine-dextroamphetamine) .1
multiple vitamins w/ minerals CAPS PO	137	mupirocin calcium (topical)	64	MYDRIACYL SOLN (Use tropicamide)
multiple vitamins w/ minerals CHEW PO	137	mupirocin OINT	64	MYFEMBREE
multiple vitamins w/ minerals TABS PO	137	MVW COMPLETE FORMULATION CHEW PO	143	MYFORTIC PO 180 MG (Use mycophenolate sodium)
MULTIVITAMIN + FLUORIDE CHEW PO	143	MVW COMPLETE FORMULATION D3000 CHEW PO	143	MYFORTIC PO 360 MG (Use mycophenolate sodium)
MULTIVITAMIN ADULT (MINERALS) TABS PO	137	MVW COMPLETE FORMULATION D5000 CAPS PO	138	MYGLUCOHEALTH BLOOD GLUCOSE KIT
MULTIVITAMIN ADULT TABS PO 141		MVW COMPLETE FORMULATION D5000 CHEW PO	143	MYGLUCOHEALTH LANCETS 30G 107
MULTIVITAMIN CHILDRENS GUMMIES CHEW PO	142	MVW HI-D ADEK GUMMIES CHEW PO	138	MYGLUCOHEALTH TEST STRP .77
MULTIVITAMIN DROPS/IRON SOLN PO	144	MVW HI-D DROPS W/EXTRA VIT D LIQD PO	143	MYLERAN TABS PO
MULTIVITAMIN INFANT & TODDLER SOLN PO	144	MVW MODULATOR FORMULATION PEDS LIQD PO	143	MYLICON INFANTS GAS RELIEF SUSP PO (Use simethicone)
MULTIVITAMIN MEN TABS PO .	137	MVW ORANGE CHEWABLES CHEW PO	138	MYRBETRIQ SRER
MULTI-VITAMIN MONOCAPS TABS PO	137	MYAMBUTOL TABS PO 400 MG (Use ethambutol hcl)	40	MYRBETRIQ TB24 PO (Use mirabegron)
MULTIVITAMIN TABS PO	141	MYCAMINE (Use micafungin sodium)	30	MYSOLINE PO (Use primidone) ...
MULTIVITAMIN WOMEN TABS PO .	137	MYCAPSSA CPDR	82	nabumetone PO
MULTIVITAMIN/FLUORIDE CHEW PO	143	MYCOBUTIN PO (Use rifabutin) ..	40	nadolol TABS PO 20 MG, 40 MG, 80 MG
MULTIVITAMIN/FLUORIDE SOLN PO	143	mycophenolate mofetil CAPS PO	131	naftifine hcl CREA
MULTIVITAMIN/ZINC STRESS		mycophenolate mofetil SUSR	131	naftifine hcl GEL 2 %
		mycophenolate mofetil TABS PO	131	NAFTIN GEL (Use naftifine hcl) ...
		mycophenolate sodium PO 180 MG		NAFTIN GEL
				NALFON CAPS PO (Use fenoprofen calcium)

NALFON TABS PO (Use fenoprofen calcium)	6	naproxen TBEC PO	6 125
NALMEFENE HCL IJ	29	naproxen-esomeprazole magnesium PO	6
NALOCET TABS PO	10	naratriptan hcl PO	129
naloxone hcl LIQD	29	NARCAN LIQD (Use naloxone hcl) 29	
naloxone hcl SOCT	29	NARDIL PO (Use phenelzine sulfate)	22
naloxone hcl SOLN 0.4 MG/ML, 4 MG/10ML	29	NASALCROM (Use cromolyn sodium (nasal))	147
naloxone hcl SOSY 2 MG/2ML	29	NASCOBAL SOLN NA (Use cyanocobalamin)	88
naltrexone hcl PO	29	NASONEX 24HR SUSP (Use mometasone furoate (nasal))	148
NAMENDA TABS PO (Use memantine hcl)	155	NATACYN	150
NAMENDA TABS PO 10 MG (Use memantine hcl)	155	NATAL PNV TABS PO	145
NAMENDA TITRATION PAK TABS PO (Use memantine hcl)	155	NATAZIA	58
NAMENDA XR CP24 PO 14 MG, 21 MG, 28 MG (Use memantine hcl)	155	nateglinide PO	28
NAMENDA XR CP24 PO 7 MG, 14 MG, 28 MG (Use memantine hcl)	155	NATROBA (Use spinosad)	73
NAMZARIC C4PK	155	NAT-RUL THERAVITE-M TABS PO	138
NAMZARIC CP24	155	NATRUL-VITES TABS PO	138
NAPRELAN TB24 PO (Use naproxen sodium)	6	NATURAL FIBER LAXATIVE POWD PO	90
NAPRELAN TB24 PO 500 MG (Use naproxen sodium)	6	NAYZILAM	18
naproxen sodium TABS PO 275 MG, 550 MG	6	nebivolol hcl PO	53
naproxen sodium TB24 PO 375 MG, 500 MG	6	NEBULIZER AIR TUBE/PLUGS MISC	125
naproxen sodium TB24 PO 750 MG	6	NEBULIZER CUP/TUBING DEVI	125
naproxen SUSP PO	6	NEBULIZER MASK ADULT MISC	125
naproxen TABS PO	6	NEBULIZER MASK ADULT/TUBING MISC	125
		NEBULIZER MASK CHILD MISC	
		NEBULIZER MASK PED/TUBING MISC	125
		NEBUPENT IN (Use pentamidine isethionate)	37
		nefazodone hcl PO	23
		neomycin sulfate TABS PO	3
		neomycin-bacitracin zn-polymyxin 150	
		neomycin-bacitracin-polymyxin OINT	64
		neomycin-polymy-dexameth OINT	151
		neomycin-polymy-dexameth SUSP	151
		neomycin-polymyxin w/ pramoxine	64
		neomycin-polymyxin-gramicidin	150
		neomycin-polymyxin-hc (ophth)	151
		neomycin-polymyxin-hc (otic) SOLN	153
		neomycin-polymyxin-hc (otic) SUSP	153
		NEORAL CAPS PO (Use cyclosporine modified (for microemulsion))	131
		NEORAL SOLN PO (Use cyclosporine modified (for microemulsion))	131
		NEOSPORIN ORIGINAL OINT (Use neomycin-bacitracin-polymyxin)	64
		NEOSPORIN PLUS PAIN RELIEF MS (Use neomycin-polymyxin w/ pramoxine)	64
		NEO-SYNALAR	64

NEOVITE TABS PO	138	161	nicotine polacrilex GUM	157	
NERLYNX	43	NEXIUM 24HR CPDR PO (Use esomeprazole magnesium)	161	nicotine polacrilex LOZG	157
NESINA (Use alogliptin benzoate) 26		NEXIUM CPDR PO 20 MG (Use esomeprazole magnesium)	161	nicotine PT24 TD 14 MG/24HR, 21 MG/24HR	157
NESTABS DHA PO	145	NEXIUM CPDR PO 40 MG (Use esomeprazole magnesium)	161	nicotine PT24 TD 7 MG/24HR	157
NESTABS ONE	145	NEXIUM PACK (Use esomeprazole magnesium)	161	NICOTROL INHA	158
NESTABS PO	145			NICOTROL NS SOLN	158
NEUAC	63	NEXLETOL	32	nifedipine CAPS PO	54
NEULASTA ONPRO PSKT	88	NEXLIZET	32	nifedipine TB24 PO 30 MG, 90 MG 54	
NEULASTA SOSY	88	NEXTSTELLIS	58	nifedipine TB24 PO 60 MG	54
NEUPOGEN SOLN	88	NGENLA	80	nilutamide PO	41
NEUPOGEN SOSY	88	niacin (antihyperlipidemic) TBCR PO 34		nimodipine CAPS PO	54
NEUPRO	44	niacin CPCR PO 250 MG, 500 MG 166		NINLARO	43
NEURONTIN CAPS PO (Use gabapentin)	19	NIACIN ER CPCR PO	166	nisoldipine PO	54
NEURONTIN SOLN PO (Use gabapentin)	19	NICADAN TABS PO	138	nitazoxanide TABS PO	38
NEURONTIN TABS PO 600 MG (Use gabapentin)	19	nicardipine hcl CAPS PO	54	nitisinone CAPS PO	81
NEURONTIN TABS PO 800 MG (Use gabapentin)	19	NICAZEL TABS PO	138	NITRO-BID OINT	12
NEUTEK 2TEK TEST STRP	77	NICORETTE GUM (Use nicotine polacrilex)	157	NITRO-DUR PT24 (Use nitroglycerin)	12
NEVANAC	152	NICORETTE LOZG 2 MG (Use nicotine polacrilex)	157	NITRO-DUR PT24	12
nevirapine SUSP PO	49	NICORETTE LOZG 4 MG (Use nicotine polacrilex)	157	nitrofurantoin macrocrystal PO	39
nevirapine TABS PO	49	NICORETTE MINI LOZG 2 MG (Use nicotine polacrilex)	157	nitrofurantoin monohyd macro PO .	39
nevirapine TB24 PO 100 MG	49	NICORETTE MINI LOZG 4 MG (Use nicotine polacrilex)	157	nitrofurantoin PO 25 MG/5ML	39
nevirapine TB24 PO 400 MG	49	NICORETTE STARTER KIT GUM 2 MG (Use nicotine polacrilex)	157	NITROFURANTOIN PO	39
NEXAVAR PO (Use sorafenib tosylate)	43			nitroglycerin PT24	12
NEXCARE WATERPROOF PREMIUM PAD MISC	94	NICOTINE KIT	157	nitroglycerin SOLN TL 0.4 MG/SPRAY	12
NEXIUM 24HR CLEAR MINIS CPDR PO (Use esomeprazole magnesium) .				nitroglycerin SUBL	12

nitroglycerin)	12	NORGESIC FORTE PO (Use orphenadrine w/ aspirin & caff) ...	147	NOVA SUREFLEX LANCETS ...	107
NITYR TABS	81	norgestimate-ethinyl estradiol (triphasic) PO	58	NOVA SUREFLEX LANCING DEVICE MISC	107
NIVA THYROID TABS PO	159	norgestimate-ethinyl estradiol PO .	58	NOVAVAX COVID-19 VACCINE SUSP	164
NIVA-PLUS TABS PO	145	norgestrel & ethinyl estradiol PO 30		NOVAVAX COVID-19 VACCINE SUSY	164
NIVESTYM SOLN	88	MCG-0.3 MG	58	NOVOEIGHT	87
NIVESTYM SOSY	88	NORITATE CREA	72	NOVOFINE AUTOCOVER PEN NEEDLE	119
nizatidine CAPS PO	160	NORLIQVA SOLN	54	NOVOFINE PEN NEEDLE	119
NO IRON MULT VITAMIN- MINERALS TABS PO	138	NORPACE CAPS PO (Use disopyramide phosphate)	13	NOVOFINE PLUS PEN NEEDLE 119	
NOCDURNA SUBL	81	NORPACE CR CP12 PO	13	NOVOLIN 70/30 FLEXPEN RELION SUPN	27
NORDITROPIN FLEXPPO SOPN .	80	NORPRAMIN TABS PO 10 MG (Use desipramine hcl)	24	NOVOLIN 70/30 FLEXPEN SUPN 27	
norelgestromin-ethinyl estradiol ...	58	NORPRAMIN TABS PO 25 MG (Use desipramine hcl)	24	NOVOLIN 70/30 RELION SUSP ..	27
norethin acet & estrad-fe CAPS ...	58	NORTHERA (Use droxidopa) ...	165	NOVOLIN 70/30 SUSP	27
norethin acet & estrad-fe CHEW PO .	58	nortriptyline hcl CAPS PO	24	NOVOLIN N FLEXPEN RELION SUPN	27
norethin acet & estrad-fe TABS PO 1 MG-20 MCG-75 MG, 1.5 MG-30 MCG-75 MG	58	nortriptyline hcl SOLN PO	24	NOVOLIN N FLEXPEN SUPN	27
norethin acet & estrad-fe TABS PO 1 MG-20 MCG-75 MG	58	NORVASC TABS PO (Use amlodipine besylate)	54	NOVOLIN N RELION SUSP	27
norethindrone & eth estradiol PO ..	58	NORVIR PACK	49	NOVOLIN N SUSP	27
norethindrone & ethinyl estradiol-fe PO	58	NORVIR TABS PO (Use ritonavir) .	49	NOVOLIN R FLEXPEN RELION SOPN IJ	28
norethindrone (contraceptive) PO .	59	NOSE CLIP MISC	126	NOVOLIN R FLEXPEN SOPN IJ ..	28
norethindrone acet & eth estra TABS PO	58	NOURIANZ PO	44	NOVOLIN R RELION SOLN IJ	28
norethindrone acetate TABS PO .	154	NOVA MAX BLOOD GLUCOSE SYSTEM DEVI	107	NOVOLIN R SOLN IJ	28
norethindrone acetate-ethinyl estradiol PO	82	NOVA MAX BLOOD GLUCOSE SYSTEM KIT	107	NOVOLOG 70/30 FLEXPEN RELION SUPN	28
norethindrone acetate-ethinyl estradiol-fe PO	58	NOVA MAX GLUCOSE TEST STRP .	77	NOVOLOG FLEXPEN RELION SOPN	28
norethindrone-eth estradiol (triphasic) PO	58	NOVA SAFETY LANCETS 23G .	107	NOVOLOG FLEXPEN SOPN	28
		NOVA SAFETY LANCETS 28G .	107		

NOVOLOG MIX 70/30 FLEXPEN SUPN	28	NURTEC	128	OB COMPLETE/DHA	145
NOVOLOG MIX 70/30 RELION SUSP	28	NUTRICAP TABS PO	138	OBIZUR	87
NOVOLOG MIX 70/30 SUSP	28	NUTROPIN AQ NUSPIN 10 SOPN 80		OCALIVA	83
NOVOLOG PENFILL SOCT	28	NUTROPIN AQ NUSPIN 20 SOPN 80		OCEAN NASAL SPRAY SOLN (Use saline)	147
NOVOLOG RELION SOLN IJ	28	NUTROPIN AQ NUSPIN 5 SOPN	.80	OCREVUS	156
NOVOLOG SOLN IJ	28	NUVARING (Use etonogestrel- ethinyl estradiol)	58	octreotide acetate SOLN	82
NOVOSEVEN RT	87	NUVESSA	165	octreotide acetate SOSY	82
NOXAFIL PACK	31	NUVIGIL PO (Use armodafinil)	3	OCUFLOX (Use ofloxacin (ophth)) 150	
NOXAFIL SUSP (Use posaconazole)	31	NUWIQ KIT	87	OCULAR VITAMINS TABS PO ..	138
NOXAFIL TBEC (Use posaconazole) 31		NUWIQ SOLR	87	ODEFSEY	49
NP THYROID TABS PO	159	NUZYRA TABS PO	158	ODOMZO PO	41
NPLATE	88	NYMALIZE SOLN PO 6 MG/ML ..	54	OFEV	158
NU GAUZE 4PLY PADS	94	NYQUIL HBP COLD & FLU LIQD PO (Use dextromethorphan-doxylamine- acetaminophen)	61	OFF ACTIVE AERO	71
NU GAUZE GENERAL-USE SPONGES MISC	94	NYSTATIN (Use nystatin (mouth- throat))	132	OFF DEEP WOODS AERO	72
NU GAUZE PACKING STRIPS MISC	94	nystatin (mouth-throat)	132	OFF DEEP WOODS DRY AERO ..	71
NU GAUZE UTERINE PACKING STRIP MISC	94	nystatin (topical) CREA	65	OFF DEEP WOODS SPORTSMEN AERO	71
NUBEQA	41	nystatin (topical) OINT	65	OFF SMOOTH & DRY AERO	72
NUCALA SOAJ	14	nystatin (topical) POWD EX	65	ofloxacin (ophth)	150
NUCALA SOLR	14	nystatin TABS PO	30	ofloxacin (otic)	153
NUCALA SOSY	14	nystatin-triamcinolone CREA	65	ofloxacin PO 300 MG	83
NUCYNTA ER TB12 PO	9	nystatin-triamcinolone OINT	65	ofloxacin PO 400 MG	83
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PEDIALYTE SOLN PO (Use oral electrolytes) 130	penicillamine CAPS PO 131	PEPTO-BISMOL TO-GO CHEW PO (Use bismuth subsalicylate) 29
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PEDIARIX SUSY 159	PENICILLIN G POT IN DEXTROSE . 153	PERCOCET TABS PO 325 MG-2.5 MG (Use oxycodone w/ acetaminophen) 10
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pediatric multiple vitamins CHEW PO 144	penicillin g sodium 153	PERFOROMIST NEBU (Use formoterol fumarate) 16
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peg 3350-potassium chloride-sod bicarbonate-sod chloride PO 90	PENTASA CPCR PO (Use mesalamine) 84	PERSERIS PRSY 46
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	PEPCID AC TABS PO (Use famotidine) 160	
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164	phenylephrine hcl (mydriatic) SOLN 10 %	149	pilocarpine hcl SOLN 1 %, 2 %, 4 % . 149
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PFIZER COVID-19 VAC-TRIS 5-11Y SUSP	164	phenylephrine hcl (oral) TABS PO 148	pimozide PO
PFIZER COVID-19 VAC-TRIS 6M-4Y SUSP	164	phenylephrine-cocoa butter PR 0.25 %-85.39 %, 0.25 %-88.44 %	157
PFIZER-BIONT COVID-19 VAC- TRIS SUSP	164	phenylephrine-dm LIQD PO 2.5 MG/5ML-5 MG/5ML	53
PFIZER-BIONTECH COVID-19 VACC SUSP	164	phenylephrine-dm SOLN PO	28
PFLEX MISC	126	phenylephrine-mineral oil-petrolatum PR 0.25 %-74.9 %-14 %	25
PHARMACIST CHOICE ALCOHOL . 114	phenylephrine-shark liver oil-cocoa butter PR	11	pioglitazone hcl PO
PHARMACIST CHOICE AUTOCODE STRP	77	phenylephrine-shark liver oil-mineral oil-petrolatum PR	25
PHARMACIST CHOICE AUTOCODE SYS KIT	108	phenytoin CHEW PO	25
PHARMACIST CHOICE LANCETS . 108	phenytoin sodium extended PO 100 MG, 200 MG, 300 MG	20	PIP BLOOD GLUCOSE MONITORING DEVI
PHARMACIST CHOICE MASK WIPES MISC	126	phenytoin SUSP PO	108
PHARMACIST CHOICE MINI SYSTEM DEVI	108	PHEXXI	108
PHARMACIST CHOICE NO CODING STRP	77	PHOSLYRA SOLN	108
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		pilocarpine hcl (oral) PO 5 MG ...	88
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PLEGRIDY STARTER PACK SOAJ . 156		POLY-VITA SOLN PO	144	PRADAXA CAPS PO (Use dabigatran etexilate mesylate)	18
PLEGRIDY STARTER PACK SOSY SC	156	POLY-VITA/IRON SOLN PO	144	PRADAXA PACK	18
PNEUMOVAX 23 SOSY	163	POLY-VITE PEDIATRIC SOLN PO 144		PRALUENT SOAJ	34
PNV-DHA+DOCUSATE PO	145	POLY-VITE/IRON SOLN PO	144	pramipexole dihydrochloride TABS PO	44
PNV-OMEGA PO	145	POMALYST	41	pramipexole dihydrochloride TB24 PO	44
POCKET CHAMBER DEVI	127	PONVORY STARTER PACK TBPK 156		pramoxine hcl (rectal) FOAM EX ..	11
POCKET SPACER DEVI	127	PONVORY TABS	156	prasugrel hcl PO	88
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POCKETCHEM EZ TEST STRP ..	77	posaconazole TBEC	31	praziquantel PO	12
PODOCON-25 SOLN	70	pot & sod citrates w/citric ac SOLN PO	85	prazosin hcl CAPS PO	35
podofilox GEL	70	pot phosphate monobasic w/ sod phosphate dibasic & monobasic PO 130		PRECISION SURE-DOSE SYRINGE	119
podofilox SOLN	70	potassium bicarbonate TBEF PO	130	PRECISION THINS GP LANCETS 108	
POGO AUTOMATIC BLOOD GLUCOSE DEVI	108	potassium chloride CPCR PO 10 MEQ	130	PRECISION XTRA BLOOD GLUCOSE STRP	77
polyethylene glycol 3350 PACK PO 90		potassium chloride CPCR PO 8 MEQ	130	PRECISION XTRA KIT	108
polyethylene glycol 3350 POWD PO . 90		potassium chloride microencapsulated crystals er PO 130		PRED FORTE (Use prednisolone acetate (ophth))	151
POLYETHYLENE GLYCOL 3350 POWD	154	potassium chloride PACK PO 20 MEQ	130	PRED MILD	151
POLYMEM NON-ADHESIVE PADS . 94		potassium chloride SOLN PO 10 %, 20 %, 10 %	130	prednicarbate OINT	69
polymyxin b-trimethoprim	150	potassium chloride TBCR PO 8 MEQ, 10 MEQ	130	prednisolone acetate (ophth)	151
polysaccharide iron complex CAPS PO	89	potassium citrate (alkalinizer) TBCR PO	85	PREDNISOLONE SODIUM PHOSPHATE	151
POLYTRIM (Use polymyxin b- trimethoprim)	150	potassium citrate-citric acid PACK PO	85	prednisolone sodium phosphate SOLN PO 15 MG/5ML	59
POLY-VI-FLOR CHEW PO	143			prednisolone sodium phosphate SOLN PO 20 MG/5ML	59
polyvinyl alcohol 1.4 %	148			prednisolone sodium phosphate	

SOLN PO	59	145	MCG-400 UNIT-25 MCG-155 MG-50
prednisolone sodium phosphate			MG-300 MG-40 UNIT-600 MCG-18
TBDP PO	59		MG
prednisolone SOLN	59		146
prednisolone TABS PO	59		PRENATE ELITE 75 MG-21 MG-330
			MCG-400 MCG-600 UNIT-13 MCG-
			3.5 MG-21 MG-3 MG-155 MG-25
			MG-15 MG-1.5 MG-2600 UNIT-150
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			PREPARATION H PR (Use
			phenylephrine-mineral oil-petrolatum)
		
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			PRESERVISION AREDS 2 CHEW
			PO
			139
			PRESERVISION AREDS TABS PO
			139
			PRETOMANID
			40
			PREVACID 24HR CPDR PO (Use
			lansoprazole)
			161
			PREVACID CPDR PO 30 MG (Use
			lansoprazole)
			161
			PREVACID SOLUTAB TBDD (Use
			lansoprazole)
			161
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NEEDLES	119	primidone PO 50 MG, 250 MG	19	probenecid PO	86
PREVENT SAFETY PEN NEEDLES	119	PRIORIX SUSR	164	PRO-CAL TABS PO	139
PREVIDENT 5000 DRY MOUTH GEL (Use sodium fluoride (dental))	132	PRISTIQ PO 100 MG (Use desvenlafaxine succinate)	24	PROCARDIA XL TB24 PO 30 MG, 90 MG (Use nifedipine)	54
PREVIDENT 5000 KIDS PSTE DT (Use sodium fluoride (dental))	132	PRISTIQ PO 25 MG, 50 MG (Use desvenlafaxine succinate)	24	PROCARDIA XL TB24 PO 60 MG (Use nifedipine)	54
PREVIDENT GEL (Use sodium fluoride (dental))	132	PRISTIQ PO 50 MG (Use desvenlafaxine succinate)	24	PROCARE SPACER/ADULT MASK DEVI	127
PREVNAR 13	163	PRO COMFORT ALCOHOL	114	PROCARE SPACER/CHILD MASK DEVI	127
PREVNAR 20	163	PRO COMFORT INSULIN SYRINGE	119	PROCERV HP TABS PO	139
PREVYMIS TABS	51	PRO COMFORT LANCETS 30G 108		PROCHAMBER VHC DEVI	127
PREZCOBIX	50	PRO COMFORT LANCETS 31G 108		prochlorperazine maleate TABS PO .	47
PREZISTA SUSP	50	PRO COMFORT LANCETS 31G 108		prochlorperazine PR	47
PREZISTA TABS (Use darunavir)	50	PRO COMFORT PEN NEEDLES	119	PROCRIT	88
PREZISTA TABS 75 MG, 150 MG, 600 MG, 800 MG	50	PRO COMFORT SAFETY LANCETS 30G	108	PROCTOFOAM FOAM EX (Use pramoxine hcl (rectal))	11
PRIFTIN PO	40	PRO COMFORT SPACER ADULT MISC	127	PROCTOFOAM HC FOAM EX	11
PRILOSEC PACK PO	161	PRO COMFORT SPACER CHILD MISC	127	PROCYSBI CPDR PO	85
PRIMACARE PO	146	PRO COMFORT SPACER INFANT DEVI	127	PROCYSBI PACK	85
PRIMAPORE 11-3/4"X4" MISC	94	PRO VOICE V8 GLUCOSE SYSTEM DEVI	108	PRODIGY AUTOCODE BLOOD GLUCOSE DEVI	108
PRIMAPORE 13-3/4"X4" MISC	94	PRO VOICE V8/V9 GLUCOSE STRP	77	PRODIGY AUTOCODE BLOOD GLUCOSE KIT	108
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PRIMAPORE 4"X3-1/8" MISC	94	PROAIR DIGIHALER	16	PRODIGY LANCETS 28G	108
PRIMAPORE 6"X3-1/8" MISC	94	PROAIR HFA AERS (Use albuterol sulfate)	16	PRODIGY LANCING DEVICE MISC .	108
PRIMAPORE 8"X4" MISC	94	PROAIR RESPICLICK AEPB	16	PRODIGY NO CODING BLOOD GLUC KIT	108
PRIMAQUINE PHOSPHATE TABS PO (Use primaquine phosphate) ..	39			PRODIGY NO CODING BLOOD GLUC STRP	77
primaquine phosphate TABS PO ..	39			PRODIGY POCKET BLOOD	
PRIMAXIN IV IV 500 MG-500 MG (Use imipenem-cilastatin)	38				
primidone PO 125 MG	19				

GLUCOSE KIT	108	promethazine-phenylephrine-codeine PO	61	medroxyprogesterone acetate) ...	154
PRODIGY SAFETY LANCETS 26G 108		PROMETRIUM CAPS PO 100 MG (Use progesterone)	154	PROVIGIL PO (Use modafinil)	3
PRODIGY TWIST TOP LANCETS 28G	108	PROMETRIUM CAPS PO 200 MG (Use progesterone)	154	PROVIT TABS PO	139
PRODIGY VOICE BLOOD GLUCOSE KIT	108	PRONEB ULTRA FILTER SET MISC	127	PROZAC CAPS PO (Use fluoxetine hcl)	23
PROFILNINE	87	propafenone hcl CP12 PO	13	PRUDOXIN (Use doxepin hcl (antipruritic))	65
PROFOLA TABS PO	139	propafenone hcl TABS PO	13	pseudoephed-bromphen-dm SYRP PO 10 MG/5ML-30 MG/5ML-2 MG/5ML	61
progesterone CAPS PO 100 MG .	154	propracaine hcl	150	pseudoephedrine hcl TABS PO ..	148
progesterone CAPS PO 200 MG .	154	PROPEL MINI SDS IMPL	148	pseudoephedrine hcl TB12 PO ...	148
progesterone OIL	154	propranolol hcl CP24 PO	53	pseudoephedrine-ibuprofen TABS PO	61
PROGLYCEM (Use diazoxide) ...	26	propranolol hcl SOLN PO 20 MG/5ML, 40 MG/5ML	53	PSS SELECT GP LANCETS	108
PROGRAF CAPS PO (Use tacrolimus)	131	propranolol hcl TABS PO	53	PSS SELECT SAFETY LANCETS 108	
PROGRAF PACK	131	propylthiouracil PO	159	psyllium CAPS PO 0.52 GM, 400 MG	90
PROLATE SOLN PO	10	PROQUAD SUSR	164	psyllium POWD PO 25 %, 28.3 %, 43 %, 48.57 %, 49 %, 51.7 %, 58.6 %	90
PROLATE TABS PO	10	PRORENAL + D TABS PO	139	PTS PANELS EGLU TEST STRP .	77
PROLENSA (Use bromfenac sodium (ophth))	152	PROSCAR PO (Use finasteride) ..	86	PULMICORT FLEXHALER AEPB .	15
PROMACTA PACK	88	PROTONIX PACK (Use pantoprazole sodium)	161	PULMICORT SUSP (Use budesonide (inhalation))	15
PROMACTA TABS PO	88	PROTONIX TBEC PO 20 MG (Use pantoprazole sodium)	161	PULMOZYME	158
promethazine & phenylephrine SYRP PO	61	PROTONIX TBEC PO 40 MG (Use pantoprazole sodium)	161	PURALIN ONE-STEP PREGNANCY	77
promethazine hcl SOLN PO 6.25 MG/5ML	32	PROTOPIC OINT 0.03 % (Use tacrolimus (topical))	70	PURE COMFORT 3-BALL BREATHE EX DEVI	127
promethazine hcl SUPP PR	32	PROTOPIC OINT 0.1 % (Use tacrolimus (topical))	70	PURE COMFORT ALCOHOL PREP	114
promethazine hcl TABS PO	32	protriptyline hcl PO	24	PURE COMFORT LANCETS 30G 108	
promethazine w/codeine SOLN PO 61		PROVENTIL HFA AERS (Use albuterol sulfate)	16		
promethazine w/codeine SYRP PO 61		PROVERA PO 5 MG, 10 MG (Use			
promethazine-dm SYRP PO	61				

PURE COMFORT PEN NEEDLE 119	pyridostigmine bromide TBCR PO .40	QUADRACEL SUSY 159
PURE COMFORT SAFETY PEN NEEDLE .....119	pyrimethamine PO 39	QUAKE DEVI 127
PURE COMFORT SPACER CHAMBER DEVI 127	QBRELIS SOLN 35	QUALAQUIN CAPS PO (Use quinine sulfate) 39
PURIXAN SUSP 40	QC ADVANCED LANCING DEVICE MISC .....109	QUARTETTE PO (Use levonorgestrel-ethinyl estradiol (91- day)) .....58
PX ADVANCED LANCING DEVICE MISC .....108	QC ALCOHOL SWABS .....114	quazepam PO .....89
PX EXTRA SHORT PEN NEEDLES 119	QC ALL PURPOSE DRESSINGS PADS .....94	QUDEXY XR CS24 PO (Use topiramate) 19
PX INSULIN SYRINGE 119	QC BORDER ISLAND GAUZE PADS.....95	QUESTRAN LIGHT POWD PO (Use cholestyramine light) .....33
PX LANCET AUTO INJECTOR MISC.....108	QC CASTOR OIL .....57	QUESTRAN PACK PO (Use cholestyramine) .....33
PX LANCETS MICROTHIN 33G 108	QC DIBROMM CHILDRENS COLD/ALL LIQD PO .....61	QUESTRAN POWD PO (Use cholestyramine) .....33
PX LANCETS ULTRA THIN .....108	QC LANCETS SUPER THIN 30G 109	quetiapine fumarate TABS PO 150 MG 46
PX LANCETS ULTRA THIN 28G 109	QC LANCETS ULTRA THIN .....109	quetiapine fumarate TABS PO 25 MG, 50 MG, 100 MG, 200 MG 46
PX MINI PEN NEEDLES 119	QC MULTI-VITE TABS PO .....139	quetiapine fumarate TABS PO 300 MG, 400 MG 46
PX PEN NEEDLE .....119	QC PEN NEEDLES .....119	quetiapine fumarate TB24 PO .....47
PX PRENATAL MULTIVITAMINS TABS PO 146	QC PRENATAL TABS PO .....146	QUFLORA PEDIATRIC CHEW PO 144
PX SHORTLENGTH PEN NEEDLES.....119	QC STERILE PADS PADS 95	QUFLORA PEDIATRIC SOLN PO 144
PYLERA PO (Use bismuth subcitrate potassium-metronidazole- tetracycline) .....161	QC TRIACTING DAYTIME CHILDRENS SYRP PO .....61	QUICKTEK KIT .....109
pyrazinamide PO 40	QC UNIFINE PENTIPS 119	QUICKTEK TEST STRP .....77
pyrethrins-piperonyl butoxide SHAM 4 %-0.33 %73	QC UNILET LANCETS 28G .....109	QUICKTEK/METER KIT .....109
PYRIDIDIUM TABS PO (Use phenazopyridine hcl) .....86	QC UNILET LANCETS MICRO THIN.....109	QUICKVUE AT-HOME COVID-19 TEST KIT .....77
pyridostigmine bromide SOLN PO .40	QELBREE 2	QUILLICHEW ER CHER PO .....3
pyridostigmine bromide TABS PO .40	QINLOCK .....43	QUILLIVANT XR SRER PO .....3
	QNASL .....148	
	QNASL CHILDRENS 148	
	QTERN .....25	
	QUADRACEL SUSP 159	

QUIN B STRONG TABS PO 139	109	RAYA SURE PEN NEEDLE 119
quinapril hcl PO 35	RA E-ZJECT LANCETS ULTRA THIN 109	RAYALDEE 81
quinapril-hydrochlorothiazide PO 12.5 MG-10 MG 36	RA INSULIN SYRINGE 119	RAYAVIT TABS PO 140
quinapril-hydrochlorothiazide PO 12.5 MG-20 MG 36	RA PEN NEEDLES 119	RAYOS TBEC 59
quinapril-hydrochlorothiazide PO 25 MG-20 MG 36	RA PRENATAL FORMULA TABS PO 146	RAY-TEC X-RAY DETECTABLE SPNGE MISC 95
quinidine gluconate TBCR PO 13	RA PRENATAL TABS PO 146	RAZADYNE ER CP24 PO (Use galantamine hydrobromide) 155
quinidine sulfate TABS PO 13	RA STERILE PADS 95	READYLANCE SAFETY LANCETS . 109
quinine sulfate CAPS PO 324 MG .39	RABAVERT 164	REALITY INSULIN SYRINGE ... 119
QUINTABS TABS PO 142	rabeprazole sodium TBEC PO ... 161	REALITY LANCETS 109
QUINTABS-M TABS PO 139	RADIAURA CREA 69	REALITY LATEX CONDOMS MISC . 96
QUINTET AC BLOOD GLUCOSE DEVI 109	RADICAVA ORS STARTER KIT SUSP 148	REALITY LATEX/ULTRA TEXTURED DEVI 96
QUINTET AC BLOOD GLUCOSE TEST STRP 77	RADICAVA ORS SUSP 148	REALITY LATEX/ULTRA THIN DEVI 96
QUINTET BLOOD GLUCOSE SYSTEM DEVI 109	raloxifene hcl PO 80	REALITY TRIGGER LANCETS . 109
QUINTET BLOOD GLUCOSE TEST STRP 77	ramelteon PO 90	REBIF REBIDOSE SOAJ 156
QULIPTA 128	ramipril CAPS PO 35	REBIF REBIDOSE TITRATION PACK SOAJ 156
QUTENZA (2 PATCH) 71	RANEXA TB12 PO (Use ranolazine) . 12	REBIF SOSY 156
QUTENZA (4 PATCH) 71	ranolazine TB12 PO 12	REBIF TITRATION PACK SOSY .156
QUTENZA 71	RAPAFLO PO (Use silodosin) 86	REBINYN 87
QUVIVIQ 90	RAPAMUNE SOLN (Use sirolimus) 131	REBLOZYL 88
QVAR REDIHALER 15	RAPAMUNE TABS PO (Use sirolimus) 131	RECOMBINATE SOLR 87
RA ALCOHOL SWABS 114	rasagiline mesylate PO 45	RECOMBIVAX HB SUSP 164
RA CENTRAL-VITE TABS PO ... 140	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML 4	RECOMBIVAX HB SUSY 164
RA E-ZJECT LANCETS 28G 109	RAVICTI PO 81	RECORLEV 79
RA E-ZJECT LANCETS THIN 26G 109		RECTIV PR (Use nitroglycerin (intra-anal)) 11
RA E-ZJECT LANCETS THIN 28G		REFUAH PLUS BLOOD GLUCOSE

TEST STRP	77	RELION LANCETS ULTRA-THIN 30G	109	RELISTOR TABS	85
REFUAH PLUS MONITORING SYSTEM KIT	109	RELION LANCING DEVICE KIT ..	109	RELNATE DHA CAPS PO	146
REGLAN TABS PO (Use metoclopramide hcl)	84	RELION LANCING DEVICE MISC 109		RELPAK PO (Use eletriptan hydrobromide)	129
REGULOID POWD PO	90	RELION MICRO KIT	109	RELPAK PO 40 MG (Use eletriptan hydrobromide)	129
RELAFEN DS PO	6	RELION MINI PEN NEEDLES ...	120	RELTONE CAPS PO	83
RELENZA DISKHALER	52	RELION PEN NEEDLES	120	RELYVRIO	148
RELEUKO SOLN	88	RELION PREMIER BLU MONITOR DEVI	109	REMERON SOLTAB TBDP PO 15 MG (Use mirtazapine)	21
RELEUKO SOSY	88	RELION PREMIER CLASSIC DEVI 109		REMERON SOLTAB TBDP PO 30 MG (Use mirtazapine)	21
RELEXXII TBCR PO 18 MG, 27 MG, 54 MG	3	RELION PREMIER COMPACT SYSTEM KIT	109	REMERON SOLTAB TBDP PO 45 MG (Use mirtazapine)	21
RELEXXII TBCR PO 36 MG	3	RELION PREMIER TEST STRP ..	78	REMERON TABS PO 15 MG (Use mirtazapine)	21
RELEXXII TBCR PO 45 MG, 63 MG, 72 MG (Use methylphenidate hcl) ..	3	RELION PREMIER VOICE MONITOR DEVI	109	REMERON TABS PO 30 MG (Use mirtazapine)	21
RELEXXII TBCR PO 45 MG, 63 MG, 72 MG	3	RELION PRIME MONITOR DEVI 109		REMICADE	84
RELION ALCOHOL SWABS	114	RELION PRIME TEST STRP	78	REMODULIN SOLN IJ	55
RELION ALL-IN-ONE	109	RELION SHORT PEN NEEDLES 120		RENAGEL PO (Use sevelamer hcl) 85	
RELION BLOOD GLUCOSE TEST STRP	77	RELION TRUE MET AIR GLUC METER KIT	109	RENAPLEX-D TABS PO	140
RELION CONFIRM GLUCOSE MONITOR KIT	109	RELION TRUE METRIX TEST STRIPS STRP	78	RENFLEXIS	84
RELION CONFIRM/MICRO TEST STRP	78	RELION ULTIMA GLUCOSE SYSTEM KIT	109	REVELA PACK (Use sevelamer carbonate)	85
RELION INSULIN SYRINGE	119	RELION ULTIMA TEST STRP	78	REVELA TABS PO (Use sevelamer carbonate)	85
RELION KETONE TEST STRP ...	78	RELION ULTRA THIN LANCETS 30G	109	repaglinide PO	28
RELION LANCET DEVICES 30G 109		RELION ULTRA THIN PLUS LANCETS	109	REPATHA PUSHTRONEX SYSTEM SOCT	34
RELION LANCETS	109	RELISTOR SOLN	85	REPATHA SOSY	34
RELION LANCETS MICRO-THIN 33G	109			REPATHA SURECLICK SOAJ	34
RELION LANCETS THIN 26G ...	109			REPEL FAMILY AERO	72

REPEL FAMILY DRY AERO	72	RETIN-A CREA 0.05 %, 0.1 % (Use tretinoin)	63	REYVOW	129
REPEL HUNTERS FORMULA AERO	72	RETIN-A GEL (Use tretinoin)	63	REZLIDHIA	43
REPEL SPORTSMEN AERO	72	RETIN-A MICRO (Use tretinoin microsphere)	63	REZUROCK	131
REPEL SPORTSMEN DRY AERO 72		RETIN-A MICRO PUMP (Use tretinoin microsphere)	63	REZVOGLAR KWIKPEN	28
REPEL SPORTSMEN MAX AERO 72		RETIN-A MICRO PUMP	63	RHOFADE	72
REPEL SPORTSMEN MAX LOTN 72		RETROVIR CAPS PO (Use zidovudine)	50	RHOGAM ULTRA-FILTERED PLUS SOSY IM	153
REPLACEMENT AIR FILTER MISC . 127		RETROVIR SYRP PO (Use zidovudine)	50	RHOPRESSA	150
REPLACEMENT FILTERS MISC 127		REUSABLE COMFORTSEAL MASK-LRG MISC	127	ribavirin (hepatitis c) CAPS PO	51
RESTASIS EMUL (Use cyclosporine (ophth))	150	REUSABLE COMFORTSEAL MASK-MED MISC	127	ribavirin (hepatitis c) TABS PO 200 MG	51
RESTASIS MULTIDOSE EMUL ..150		REUSABLE COMFORTSEAL MASK-SML MISC	127	ribavirin	52
RESTORE CALCICARE DRESSING MISC	73	REUSABLE COMFORTSEAL MASK-SML MISC	127	RIDAURA PO	5
RESTORE CALCIUM ALGINATE MISC	73	REVATIO SOLN (Use sildenafil citrate (pulmonary hypertension)) .	55	rifabutin PO	40
RESTORE CONTACT LAYER PADS	95	REVATIO SUSR (Use sildenafil citrate (pulmonary hypertension)) .	55	rifampin CAPS PO	40
RESTORE FOAM DRESSING PADS	95	REVATIO TABS PO (Use sildenafil citrate (pulmonary hypertension)) .	55	RIGHTEST GD500 LANCING DEVICE MISC	109
RESTORE ODOR ABSORBING DRESS PADS	95	REVLIMID PO	131	RIGHTEST GL300 LANCETS ...	109
RESTORE TRIO ABSORBENT DRESS PADS	95	REXALL BLOOD GLUCOSE SYSTEM KIT	109	RIGHTEST GM100 BLOOD GLUCOSE KIT	110
RESTORIL PO 15 MG, 30 MG (Use temazepam)	89	REXALL BLOOD GLUCOSE TEST STRP	78	RIGHTEST GM300 BLOOD GLUCOSE KIT	110
RESTORIL PO 7.5 MG, 22.5 MG (Use temazepam)	89	REXALL LANCETS ULTRA THIN 30G	109	RIGHTEST GM550 BLOOD GLUCOSE KIT	110
RETACRIT	88	REXULTI	48	RIGHTEST GS100 BLOOD GLUCOSE STRP	78
RETEVMO CAPS	43	REYATAZ CAPS PO 200 MG, 300 MG (Use atazanavir sulfate)	50	RIGHTEST GS300 BLOOD GLUCOSE STRP	78
RETIN-A CREA 0.025 % (Use tretinoin)	63	REYATAZ PACK	50	RIGHTEST GS550 BLOOD GLUCOSE STRP	78
				RIGHTEST GT333 BLOOD GLUCOSE DEVI	110
				RIGHTEST GT333 BLOOD GLUCOSE STRP	78

RIGHTEST GT333 GLUCOSE TEST STRP	78	methylphenidate hcl)	3	ROTARIX SUSR PO	164
RILUTEK TABS PO (Use riluzole) 148		RITEFLO DEVI	127	ROTATEQ SOLN PO	164
riluzole TABS PO	148	ritonavir TABS PO	50	ROWASA PR (Use mesalamine w/ cleanser)	84
rimantadine hydrochloride TABS PO . 52		rivastigmine 13.3 MG/24HR	155	ROXICODONE TABS PO 15 MG, 30 MG (Use oxycodone hcl)	9
RINVOQ TB24 PO	3	rivastigmine 4.6 MG/24HR, 9.5 MG/24HR	155	ROXYBOND TABA PO 5 MG, 15 MG, 30 MG	9
RIOMET SOLN PO (Use metformin hcl)	25	rivastigmine tartrate CAPS PO ...	155	ROZEREM PO (Use ramelteon) ...	90
risedronate sodium TABS PO 150 MG	80	RIXUBIS SOLR	87	ROZLYTREK CAPS	43
risedronate sodium TABS PO 35 MG 80		rizatriptan benzoate TABS PO ...	129	ROZLYTREK PACK	43
risedronate sodium TABS PO 5 MG, 30 MG	80	rizatriptan benzoate TBDP PO ...	129	RUBRACA	43
risedronate sodium TBEC PO	80	ROBINUL TABS PO (Use glycopyrrolate)	160	rufinamide SUSP	19
RISPERDAL CONSTA (Use risperidone microspheres)	46	ROBINUL-FORTE TABS PO (Use glycopyrrolate)	160	rufinamide TABS PO	19
RISPERDAL CONSTA 50 MG (Use risperidone microspheres)	46	ROBITUSSIN COUGH+CHEST CONG DM LIQD PO (Use dextromethorphan-guaifenesin) ...	61	RUKOBIA	50
RISPERDAL SOLN PO (Use risperidone)	46	ROCALTROL CAPS PO (Use calcitriol)	81	RYALTRIS	147
RISPERDAL TABS PO 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (Use risperidone)	46	ROCALTROL SOLN PO (Use calcitriol)	81	RYBELSUS TABS PO 3 MG, 14 MG . 26	
risperidone microspheres	46	ROCKLATAN	150	RYBELSUS TABS PO	26
risperidone SOLN PO	46	roflumilast PO	14	RYDAPT	43
risperidone TABS PO	46	ROLLED GAUZE 2"X2YD MISC ..	95	RYKINDO SRER	46
risperidone TBDP PO	46	ROLVEDON	88	RYSTIGGO 280 MG/2ML	131
RITALIN LA CP24 PO (Use methylphenidate hcl)	3	ropinirole hydrochloride TABS PO 0.25 MG, 3 MG, 4 MG	44	RYTARY CPCR PO	45
RITALIN TABS PO 10 MG, 20 MG (Use methylphenidate hcl)	3	ropinirole hydrochloride TABS PO 0.5 MG, 1 MG, 2 MG, 5 MG	44	RYTHMOL SR CP12 PO (Use propafenone hcl)	13
RITALIN TABS PO 5 MG (Use		ropinirole hydrochloride TB24 PO .	45	SABRIL PACK (Use vigabatrin) ...	20
		ROSADAN	72	SABRIL TABS (Use vigabatrin) ...	20
		rosuvastatin calcium TABS PO ...	34	SAFE-T-LANCE	110
		ROTARIX SUSP	164	SAFE-T-LANCE PLUS	110
				SAFETY LANCET 30G/PRESSURE ACT	110
				SAFETY LANCETS	110

SAFETY LANCETS 21G	110	sapropterin dihydrochloride PACK .81	SECUADO	47
SAFETY LANCETS 23G	110	sapropterin dihydrochloride TABS .81	SECURESAFE INSULIN SYRINGE .	120
SAFETY LANCETS 28G	110	SAPS CARE ALCOHOL PREP ..114	SECURESAFE SAFETY PEN	
SAFETY PEN NEEDLES	120	SAPS HEALTH ALCOHOL PREP	NEEDLES	120
SAFYRAL PO (Use drospirenone-		114	SECURESAFE SYRINGE/NEEDLE .	120
ethinyl estradiol-levomefolate		SAPS HEALTH CARE ALCOHOL		
calcium)	58	PREP		
SAIZEN IJ	80	SAPS HEALTH PLUS LANCETS	SEGLENTIS	10
SALICATE LIQD	70	110	SEGLUROMET	25
salicylic acid FOAM	70	SAPS HEALTH TWIST TOP	SELECT-LITE DEVICE/LANCETS	
salicylic acid GEL 6 %	70	LANCETS	KIT	110
salicylic acid LIQD 27.5 %	70	SAPS TWIST TOP LANCETS ...110	SELECT-LITE LANCING DEVICE	
SALICYLIC ACID OINT	70	SAPSCARE TWIST TOP LANCETS	MISC	110
saline SOLN 0.65 %	147	110	SELECT-OB CHEW	146
salsalate PO	8	SARNA LOTN (Use camphor &	SELECT-OB+DHA MISC PO ....146	
SALYCIM CREA	70	menthol)	selegiline hcl CAPS PO	45
SAMI THE SEAL FILTERS MISC	127	.65	selegiline hcl TABS PO	45
SAMSCA TABS (Use tolvaptan) ...82		SAVAYSA PO	selenium sulfide LOTN 2.5 %	66
SANCUSO PTCH	30	.16	selenium sulfide SHAM 2.25 % ...66	
SANDIMMUNE CAPS PO (Use		SAVELLA TABS PO	SELSUN BLUE DAILY LOTN (Use	
cyclosporine)	131	.155	selenium sulfide)	66
SANDIMMUNE SOLN PO 100		SAVELLA TITRATION PACK MISC	SELSUN BLUE LOTN (Use selenium	
MG/ML	131	155	sulfide)	66
SANDOSTATIN LAR DEPOT KIT		SAWYER INSECT REPELLENT	SELSUN BLUE MEDICATED LOTN	
(Use octreotide acetate)	82	AERO	(Use selenium sulfide)	66
SANDOSTATIN LAR DEPOT KIT .82		.72	SELZENTRY SOLN	50
SANDOSTATIN SOLN 50 MCG/ML,		SAWYER INSECT REPELLENT	SELZENTRY TABS PO (Use	
100 MCG/ML, 500 MCG/ML (Use		LOTN	maraviroc)	50
octreotide acetate)	82	.72	SELZENTRY TABS PO 25 MG, 75	
SAPHRIS (Use asenapine maleate) .		saxagliptin hcl PO	MG, 150 MG	50
47		.26	SELZENTRY TABS PO 300 MG	
SAPHRIS 5 MG, 10 MG (Use		saxagliptin-metformin hcl PO	(Use maraviroc)	50
asenapine maleate)	47	.25	SEMGLEE (YFGN) SOLN	28
		SB INSULIN SYRINGE	SEMGLEE (YFGN) SOPN	28
		120		
		SB LANCETS THIN		
		.110		
		SB LANCETS ULTRA THIN ....110		
		SCEMBLIX 20 MG, 40 MG		
		.43		
		scopolamine		
		.30		
		SEASONIQUE PO (Use		
		levonorgestrel-ethinyl estradiol (91-		
		day))		
		.58		

SE-NATAL 19 CHEW PO	146	sevelamer hcl PO	85	127
SE-NATAL 19 TABS PO	146	SEVENFACT	87	SILIGENTLE FOAM DRESSING PADS
sennosides LIQD PO	91	SFROWASA ENEM PR	84	95
sennosides SYRP PO 8.8 MG/5ML 91		SHINGRIX	164	SILIQ
sennosides TABS PO 8.6 MG	91	SHOPKO AUTOLET LANCING DEVICE MISC	110	silodosin PO
sennosides-docusate sodium TABS PO	90	SHOPKO ON-THE-GO LANCETS 30G	110	SILVADENE (Use silver sulfadiazine)
SENOKOT S TABS PO (Use sennosides-docusate sodium)	90	SHOPKO UNIFINE PENTIPS ...	120	silver nitrate SOLN
SENOKOT TABS PO (Use sennosides)	91	SHOPKO UNIFINE PENTIPS PLUS 120		silver sulfadiazine
SENSIPAR PO (Use cinacalcet hcl) 81		SHOPKO UNILET LANCETS 28G 110		SIMBRINZA
SENTRY SENIOR/LUTEIN TABS PO	140	SHOPKO UNILET LANCETS 30G 110		simethicone CHEW PO 80 MG
SENTRY TABS PO	140	SIDEROL TABS PO	140	simethicone LIQD PO
SEREVENT DISKUS	16	SIDESTREAM ADULT FACE MASK MISC	127	simethicone SUSP PO
SEROQUEL TABS PO 25 MG, 50 MG, 100 MG, 200 MG (Use quetiapine fumarate)	47	SIDESTREAM PEDIATRIC FACE MASK MISC	127	SIMPLE DIAGNOSTICS LANCING DEV MISC
SEROQUEL TABS PO 300 MG, 400 MG (Use quetiapine fumarate)	47	SIDESTREAM PLS ADULT FACE MASK MISC	127	SIMPONI ARIA SOLN
SEROQUEL XR TB24 PO (Use quetiapine fumarate)	47	SIGNIFOR	82	SIMPONI SOAJ
SEROSTIM SC 4 MG, 5 MG, 6 MG 80		SIGNIFOR LAR	82	SIMPONI SOSY
SERTRALINE HCL CAPS	23	SIKLOS TABS	88	simvastatin TABS PO
sertraline hcl CONC PO	23	sildenafil citrate (pulmonary hypertension) SOLN	56	SINEMET TABS PO 100 MG-10 MG, 100 MG-25 MG (Use carbidopa- levodopa)
sertraline hcl TABS PO 100 MG ...	23	sildenafil citrate (pulmonary hypertension) SUSR	56	45
sertraline hcl TABS PO 25 MG, 50 MG	23	sildenafil citrate (pulmonary hypertension) TABS PO	56	SINGLE-LET
sevelamer carbonate PACK	85	SILICONE MASK/ADULT MISC ..	127	SINGULAIR CHEW PO (Use montelukast sodium)
sevelamer carbonate TABS PO ...	85	SILICONE MASK/INFANT MISC .	127	14
		SILICONE MASK/PEDIATRIC MISC .		SINGULAIR PACK PO (Use montelukast sodium)
				14
				SINUVA IMPL
				148
				sirolimus SOLN
				131
				sirolimus TABS PO
				131
				SIRTURO
				40

SITAVIG TABS BU	51	SMART SENSE PREMIUM SYSTEM KIT	110	SODIUM CHLORIDE FLUSH	130
SIVEXTRO TABS	39	SMART SENSE PREMIUM TEST STRP	78	sodium chloride SOLN IV 0.9 % ..	130
SKYRIZI PEN SOAJ	66	SMART SENSE STANDARD LANCETS	110	SODIUM CHLORIDE SOLN IV 0.9 %	130
SKYRIZI SOCT	84	SMART SENSE SUPER THIN LANCETS	110	sodium citrate & citric acid PO	85
SKYRIZI SOLN	84	SMART SENSE THIN LANCETS 26G	110	sodium fluoride (dental) CREA ...	132
SKYRIZI SOSY	66	SMART SENSE VALUE GLUCOSE SYS KIT	110	sodium fluoride (dental) GEL	132
SKYTROFA	80	SMART SENSE VALUE TEST STRP	78	sodium fluoride (dental) PSTE DT 132	
SLYND PO	59	SMARTEST BLOOD GLUCOSE TEST STRP	78	sodium fluoride (dental) SOLN 0.2 % 132	
SM ALCOHOL PREP	114	SMARTEST EJECT DEVI	110	SODIUM FLUORIDE 5000 ENAMEL GEL	132
SM BANDAGE ROLL MISC	95	SMARTEST EJECT STARTER KIT 110		SODIUM FLUORIDE 5000 SENSITIVE GEL	132
SM COLD & ALLERGY CHILDRENS LIQD PO	61	SMARTEST LANCETS 28G	110	sodium fluoride CHEW PO	130
SM GAUZE PADS	95	SMARTEST PERSONA STARTER KIT	110	sodium fluoride SOLN PO	130
SM LANCETS 33G	110	SMARTEST PRONTO STARTER KIT	110	SODIUM OXYBATE SOLN PO ...	155
SM ONE DAILY ESSENTIAL TABS PO	133	SMARTEST PROTEGE DEVI	110	sodium phenylbutyrate POWD PO	81
SM ONE DAILY MENS TABS PO 140		SMARTEST PROTEGE STARTER KIT	110	sodium phenylbutyrate TABS PO .	81
SM ONE DAILY WOMENS TABS PO	140	SMARTY PANTS KIDS COMPLETE CHEW PO	143	sodium phosphates ENEM PR	91
SM PRENATAL VITAMINS TABS PO	146	sodium bicarbonate (antacid) TABS PO 325 MG, 650 MG	11	sodium polystyrene sulfonate POWD PO	132
SM ROLLED GAUZE 2"X4.1YD MISC	95	sodium chloride (gu irrigant) 0.9 %	85	sodium polystyrene sulfonate SUSP CO 15 GM/60ML	132
SM ROLLED GAUZE 3"X4.1YD MISC	95	SOFOSBUVIR-VELPATASVIR TABS	51	SOF-WICK PADS	95
SM STERILE PADS	95	SOF-WIK MISC	95	SOGROYA	80
SM TRUEDRAW LANCING DEVICE MISC	110	SOHONOS PO 1 MG, 1.5 MG, 2.5 MG, 10 MG	147	solifenacin succinate TABS PO ..	162
SMART DIABETES VANTAGE LANCING MISC	110				
SMART SENSE COLOR LANCETS 33G	110				

SOLIQUA	25	sorafenib tosylate PO	43	SPRAVATO (84 MG DOSE)	22
SOLIRIS	87	SORILUX FOAM	66	SPRITAM TB3D	19
SOLO TABS PO	140	sotalol hcl (afib/af) PO	53	SPRYCEL (Use dasatinib)	43
SOLODYN TB24 PO 55 MG, 65 MG, 80 MG, 105 MG, 115 MG (Use minocycline hcl)	159	sotalol hcl TABS PO 240 MG	53	STALEVO 100 PO (Use carbidopa- levodopa-entacapone)	45
SOLOSEC	3	sotalol hcl TABS PO 80 MG, 120 MG, 160 MG	53	STALEVO 125 PO (Use carbidopa- levodopa-entacapone)	45
SOLTAMOX SOLN PO	41	SOTYKTU	66	STALEVO 150 PO (Use carbidopa- levodopa-entacapone)	45
SOLUS V2 BLOOD GLUCOSE SYSTEM DEVI	110	SOTYLIZE SOLN PO	53	STALEVO 200 PO (Use carbidopa- levodopa-entacapone)	45
SOLUS V2 BLOOD GLUCOSE SYSTEM KIT	110	SOVALDI PACK	51	STALEVO 50 PO (Use carbidopa- levodopa-entacapone)	45
SOLUS V2 LANCETS 28G	110	SOVALDI TABS	51	STALEVO 75 PO (Use carbidopa- levodopa-entacapone)	45
SOLUS V2 LANCING DEVICE MISC 111	111	SPECTRAVITE TABS PO	140	STAMARIL SUSR	164
SOLUS V2 TEST STRP	78	SPIKEVAX COVID-19 VACCINE SUSP	164	STEGLATRO	28
SOLUS V2 TWIST LANCETS 30G 111	111	SPIKEVAX SUSP	164	STEGLUJAN	25
SOLUVITA ACD WITH FLUORIDE SOLN PO	144	SPIKEVAX SUSY	164	STELARA 130 MG/26ML	84
SOLUVITA SOLN PO	130	spinosad	73	STELARA SOSY	66
SOLUVITA WITH FLUORIDE SOLN PO	144	SPIRIVA HANDIHALER CAPS (Use tiotropium bromide monohydrate) .	14	STERILANCE TL	111
SOMA TABS PO (Use carisoprodol) .	147	SPIRIVA RESPIMAT AERS	14	STERILE BANDAGE ROLL 2.25"X3YD MISC	95
SOMATULINE DEPOT	82	SPIRO PD DEVI	128	STERILE GAUZE PADS	95
SOOTHENEB NBL 100 ADULT MASK MISC	127	spironolactone & hydrochlorothiazide PO	79	STERILE PADS	95
SOOTHENEB NBL 100 CHILD MASK MISC	127	spironolactone SUSP	79	STIMUFEND	88
SOOTHENEB NBL 100 MED CUP MISC	127	spironolactone TABS PO 25 MG, 100 MG	79	STIOLTO RESPIMAT	16
SOOTHENEB NBL 100 MESH CAP MISC	127	spironolactone TABS PO 50 MG ..	79	STIVARGA	43
		SPONGEBOB SQUAREPANTS GUMMIES CHEW PO	143	STRATTERA PO (Use atomoxetine hcl)	2
		SPORANOX CAPS PO (Use itraconazole)	31	STRETCH GAUZE BANDAGE MISC 95	95
		SPORANOX SOLN (Use itraconazole)	31	STRIBILD	50
		SPRAVATO (56 MG DOSE)	22		

STRIVERDI RESPIMAT	16	sulfacetamide sodium w/ sulfur LIQD 63	sumatriptan succinate SOCT 6 MG/0.5ML	129	
STROMECTOL PO (Use ivermectin) . 12		sulfacetamide sodium w/ sulfur PADS 10 %-4 %	63	sumatriptan succinate SOLN 6 MG/0.5ML	129
STROVITE ONE TABS PO	140	sulfacetamide sodium w/ sulfur SUSP 8 %-4 %	63	sumatriptan succinate TABS PO .	129
SUBLOCADE SOSY	10	sulfacetamide sodium-sulfur in urea vehicle EMUL 10 %-10 %-4 %	63	sumatriptan-naproxen sodium PO 128	
SUBOXONE FILM SL (Use buprenorphine hcl-naloxone hcl dihydrate)	10	sulfacetamide sod-prednisolone SOLN	151	SUMAXIN CP	63
sucralfate SUSP PO	160	SULFACETAMIDE-SULFUR IN UREA EMUL	63	SUMAXIN PADS	63
sucralfate TABS PO	160	sulfadiazine TABS PO	158	sunitinib malate PO	43
SUDAFED CHILDRENS LIQD PO 148		sulfamethoxazole-trimethoprim SUSP PO	38	SUNLENCA SOLN	50
SUDAFED PE SINUS CONGESTION TABS PO (Use phenylephrine hcl (oral))	148	sulfamethoxazole-trimethoprim TABS PO	38	SUNLENCA TBPK 300 MG	50
SUDAFED SINUS CONGESTION TABS PO (Use pseudoephedrine hcl)	148	SULFAMYLON CREA	66	SUNOSI PO	2
SUDAFED TABS PO (Use pseudoephedrine hcl)	148	SULFAMYLON PACK 5 % (Use mafenide acetate)	66	SUPER THIN LANCETS	111
SULAR PO 8.5 MG, 17 MG, 34 MG (Use nisoldipine)	54	sulfasalazine TABS PO	84	SUPERIOR MENS MULTI TABS PO 140	
sulfacetamide sodium (acne)	63	sulfasalazine TBEC PO	84	SUPERIOR WOMENS MULTI TABS PO	140
sulfacetamide sodium (ophth) OINT 150		sulindac TABS PO	6	SUPRAX CAPS PO (Use cefixime) 57	
sulfacetamide sodium (ophth) SOLN . 150		SUMADAN	63	SUPRAX CHEW PO	57
sulfacetamide sodium GEL	66	SUMADAN WASH LIQD (Use sulfacetamide sodium w/ sulfur) ...	63	SUPRAX SUSR PO 200 MG/5ML (Use cefixime)	57
sulfacetamide sodium LIQD	66	SUMADAN XLT KIT	63	SUPREME TEST STRP	78
sulfacetamide sodium w/ sulfur CREA 10 %-2 %, 10 %-5 %	63	sumatriptan	129	SURE COMFORT ALCOHOL PREP	114
sulfacetamide sodium w/ sulfur EMUL 10 %-1 %	63	sumatriptan succinate SOAJ 4 MG/0.5ML	129	SURE COMFORT INSULIN SYRINGE	120
sulfacetamide sodium w/ sulfur FOAM	63	sumatriptan succinate SOAJ 6 MG/0.5ML	129	SURE COMFORT LANCETS 18G 111	
		sumatriptan succinate SOCT 4 MG/0.5ML	129	SURE COMFORT LANCETS 21G 111	
				SURE COMFORT LANCETS 23G 111	

SURE COMFORT LANCETS 28G 111	SYMPAZAN FILM .....18	calcipotriene-betamethasone dipropionate) .....69
SURE COMFORT LANCETS 30G 111	SYMPROIC PO 85	tacrolimus (topical) OINT 0.1 % ... 70
SURE COMFORT LANCING PEN MISC .....111	SYMTUZA .....50	tacrolimus (topical) OINT 70
SURE COMFORT PEN NEEDLES 120	SYNALAR (CREAM) .....69	tacrolimus CAPS PO 131
SURELITE LANCETS 111	SYNALAR (OINTMENT) 69	tadalafil (pulmonary hypertension) TABS PO .....56
SURGICAL GAUZE SPONGE PADS 95	SYNALAR CREA (Use fluocinolone acetoneide) 69	tadalafil PO 5 MG .....55
SUSTIVA CAPS PO 200 MG (Use efavirenz) .....50	SYNALAR OINT (Use fluocinolone acetoneide) .....69	TADLIQ SUSP 56
SUSTIVA CAPS PO 50 MG (Use efavirenz) .....50	SYNALAR SOLN (Use fluocinolone acetoneide) .....69	TAFINLAR CAPS PO .....43
SUTENT PO (Use sunitinib malate) 43	SYNALAR TS 69	TAFINLAR TBSO 43
SYMBICORT (Use budesonide- formoterol fumarate dihydrate) .....16	SYNAREL 80	tafluprost 152
SYMBICORT 160 MCG/ACT-4.5 MCG/ACT (Use budesonide- formoterol fumarate dihydrate) .....16	SYNJARDY TABS 25	TAGAMET HB 200 TABS PO (Use cimetidine) 160
SYMBICORT 80 MCG/ACT-4.5 MCG/ACT (Use budesonide- formoterol fumarate dihydrate) .....16	SYNJARDY XR TB24 .....25	TAGRISSEO .....41
SYMBYAX PO 25 MG-3 MG, 25 MG- 6 MG (Use olanzapine-fluoxetine hcl) .....155	SYNTHROID TABS PO (Use levothyroxine sodium) 159	TAKHZYRO SOLN .....87
SYMDEKO 158	SYPRINE PO (Use trientine hcl) . 131	TAKHZYRO SOSY 87
SYMFI (Use efavirenz-lamivudine- tenofovir disoproxil fumarate) .....50	SYRINGE LUER LOCK .....120	TALICIA .....161
SYMFI LO (Use efavirenz- lamivudine-tenofovir disoproxil fumarate) .....50	SYRINGE LUER SLIP 120	TALTZ SOAJ .....66
SYMLINPEN 120 SOPN .....24	SYRINGE/HYPODERMIC SAFETY . 120	TALTZ SOSY 80 MG/ML 66
SYMLINPEN 60 SOPN .....24	SYSTANE ICAPS AREDS2 CHEW PO 140	TALZENNA .....43
	SYSTANE ICAPS AREDS2 TABS PO 140	TAMIFLU CAPS PO 30 MG (Use oseltamivir phosphate) .....52
	TAB-A-VITE/IRON/BETA CAROTENE TABS PO 133	TAMIFLU CAPS PO 45 MG (Use oseltamivir phosphate) .....52
	TABLOID PO .....40	TAMIFLU CAPS PO 75 MG (Use oseltamivir phosphate) .....52
	TABRECTA .....43	TAMIFLU SUSR PO (Use oseltamivir phosphate) .....52
	TACLONEX OINT (Use calcipotriene- betamethasone dipropionate) .....69	tamoxifen citrate TABS PO 41
	TACLONEX SUSP (Use	tamsulosin hcl PO .....86
		TARCEVA (Use erlotinib hcl) 41

TARGRETIN (Use bexarotene (topical))	65	MISC	95	tenofovir disoproxil fumarate TABS PO	50
TARGRETIN PO (Use bexarotene) 43		TEGADERM FOAM PADS	95	TENORETIC 100 PO (Use atenolol & chlorthalidone)	37
TARPEYO CPDR	60	TEGADERM FOAM ROLL 4"X24" MISC	95	TENORETIC 50 PO (Use atenolol & chlorthalidone)	37
TASCENSO ODT	156	TEGRETOL SUSP PO (Use carbamazepine)	19	TENORMIN TABS PO (Use atenolol)	53
TASIGNA	43	TEGRETOL TABS PO (Use carbamazepine)	19	TEPMETKO	43
tasimelteon CAPS	90	TEGRETOL-XR TB12 PO (Use carbamazepine)	19	terazosin hcl PO	35
TASMAR PO (Use tolcapone)	44	TEGSEDI	158	terbinafine hcl TABS PO	30
tavaborole	65	TEKTURNA HCT PO 12.5 MG-300 MG, 25 MG-300 MG	36	terbutaline sulfate TABS PO	16
TAVALISSE	87	TEKTURNA PO (Use aliskiren fumarate)	37	terconazole vaginal CREA 0.4 %	165
TAVNEOS	87	TELFAM AMD ADHESIVE BANDAGE MISC	95	terconazole vaginal CREA 0.8 %	165
TAYTULLA CAPS (Use norethin acet & estrad-fe)	58	telmisartan PO	35	terconazole vaginal SUPP	165
tazarotene CREA 0.1 %	66	telmisartan-amlodipine PO	37	teriflunomide PO	156
TAZAROTENE FOAM	63	telmisartan-hydrochlorothiazide PO	37	TESTIM GEL TD (Use testosterone)	10
tazarotene GEL	66	temazepam PO 15 MG, 30 MG	89	TESTOSTERONE CYPIONATE SOLN IJ 200 MG/ML	10
TAZVERIK	43	temazepam PO 7.5 MG, 22.5 MG	89	testosterone cypionate SOLN IM 100 MG/ML	10
TDVAX SUSP	159	TEMODAR CAPS PO 250 MG (Use temozolomide)	40	testosterone cypionate SOLN IM 200 MG/ML	10
TECFIDERA CDPK (Use dimethyl fumarate)	156	temozolomide CAPS PO 180 MG, 250 MG	40	testosterone enanthate SOLN IM	10
TECFIDERA CPDR (Use dimethyl fumarate)	156	temozolomide CAPS PO 5 MG, 20 MG, 100 MG, 140 MG	40	testosterone GEL TD	10
TECHLITE AST LANCETS	111	TEMPO REFILL KIT	111	testosterone SOLN	10
TECHLITE INSULIN SYRINGE	120	TEMPO WELCOME KIT	111	TETANUS-DIPHTHERIA TOXOIDS TD SUSP	159
TECHLITE LANCETS	111	TENDEROL UNDERCAST PADDING MISC	95	tetrabenazine PO	156
TECHLITE LANCETS 26G	111	TENIVAC INJ	159	tetracaine hcl (ophth)	151
TECHLITE LANCETS 30G	111			tetracycline hcl CAPS PO	159
TECHLITE PEN NEEDLES	120			tetrahydrozoline hcl (ophth) 0.05 %	
TECHLITE PLUS PEN NEEDLES 120					
TEGADERM FILM 1-3/4"X1-3/4"					

150		THERAGRAN-M TABS PO .....140	(Use timolol maleate (ophth)) .....149
TEZSPIRE SOAJ	14	THERA-M TABS PO	140
TEZSPIRE SOSY	14	THERA-TABS M TABS PO	140
TGT BLOOD GLUCOSE MONITORING KIT	111	THEREMS TABS PO	142
TGT BLOOD GLUCOSE TEST STRP	78	THEREMS-M TABS PO	140
TGT LANCET MICRO THIN 33G 111		THINLETS GP LANCETS	111
TGT LANCET THIN 26G	111	THIOLA EC TBEC (Use tiopronin) .86	
TGT LANCET ULTRA THIN 30G 111		THIOLA TABS (Use tiopronin)	86
TGT LANCING DEVICE MISC ...	111	thioridazine hcl PO	47
THALITONE PO	79	thiothixene PO	48
THALOMID PO	131	THRESHOLD IMT MISC	128
THEO-24 CP24 PO	16	THRESHOLD PEP DEVI	128
theophylline ELIX PO	16	THRIVITE RX TABS PO	146
theophylline SOLN PO	16	THYQUIDITY SOLN PO	159
theophylline TB12 PO	16	THYROID TABS PO 15 MG, 30 MG, 60 MG, 90 MG, 120 MG	159
theophylline TB24 PO	16	tiagabine hcl PO	20
THERA M PLUS TABS PO	140	TIAZAC PO (Use diltiazem hcl extended release beads)	54
THERA TABS PO	142	TIBSOVO	43
THERABETIC MULTI-VITAMIN TABS PO	140	TICOVAC	164
THERAGAUZE PADS	95	TIGLUTIK SUSP	148
THERAGRAN-M ADVANCED 50 PLUS TABS PO	140	TIKOSYN PO (Use dofetilide)	13
THERAGRAN-M ADVANCED TABS PO	140	timolol maleate (ophth) SOLG 0.25 %	149
THERAGRAN-M PREMIER 50 PLUS TABS PO	140	timolol maleate (ophth) SOLG 0.5 % . 149	
THERAGRAN-M PREMIER TABS PO	140	timolol maleate (ophth) SOLN	149
		timolol maleate TABS PO	53
		TIMOPTIC OCUDOSE SOLN (Use timolol maleate (ophth))	149
		TIMOPTIC OCUDOSE SOLN 0.25 %	
		TIMOPTIC SOLN (Use timolol maleate (ophth))	149
		TIMOPTIC-XE SOLG 0.25 % (Use timolol maleate (ophth))	149
		TIMOPTIC-XE SOLG 0.5 % (Use timolol maleate (ophth))	149
		tinidazole PO	37
		tiopronin TABS	86
		tiotropium bromide monohydrate CAPS	14
		TIROSINT CAPS PO (Use levothyroxine sodium)	159
		TIROSINT CAPS PO	159
		TIROSINT-SOL SOLN PO	159
		TIVICAY PD TBSO	50
		TIVICAY TABS	50
		tizanidine hcl CAPS PO	147
		tizanidine hcl TABS PO	147
		TM-DAILY VITE TABS PO	142
		TOBI NEBU (Use tobramycin)	3
		TOBI PODHALER CAPS	3
		TOBRADEX OINT	151
		TOBRADEX ST SUSP	151
		TOBRADEX SUSP (Use tobramycin- dexamethasone)	151
		tobramycin (ophth) SOLN	150
		tobramycin NEBU	3
		tobramycin sulfate SOLN IJ 1.2 GM/30ML	3
		tobramycin sulfate SOLN IJ 10 MG/ML, 80 MG/2ML	3
		tobramycin sulfate SOLR	3

tobramycin-dexamethasone SUSP 151	NEEDLES .....120	torsemide TABS PO 5 MG, 10 MG, 100 MG .....79
TOBREX OINT 150	TOPCARE LANCETS MICRO-THIN 33G .....111	TOSYMRA 129
TODAYS HEALTH LANCING DEVICE MISC 111	TOPCARE ULTRA COMFORT INS SYR 120	TOUJEO MAX SOLOSTAR SOPN 28
TODAYS HEALTH MINI PEN NEEDLES .....120	TOPICORT CREA 0.05 % (Use desoximetasone) .....69	TOUJEO SOLOSTAR SOPN .....28
TODAYS HEALTH PEN NEEDLES . 120	TOPICORT CREA 0.25 % (Use desoximetasone) .....69	TOVET 69
TODAYS HEALTH SHORT PEN NEEDLE .....120	TOPICORT GEL (Use desoximetasone) .....69	TOVIAZ (Use fesoterodine fumarate) .....162
TODAYS HEALTH THIN LANCETS 28G .....111	TOPICORT OINT 0.05 % (Use desoximetasone) .....69	TRACLEER TABS (Use bosentan) 55
TODAYS HEALTH THIN LANCETS 30G .....111	TOPICORT OINT 0.25 % (Use desoximetasone) .....69	TRACLEER TBSO .....55
tolcapone PO 44	TOPICORT SPRAY LIQD (Use desoximetasone) .....69	TRADJENTA 26
tolmetin sodium CAPS PO .....6	topiramate CP24 PO .....20	tramadol hcl CP24 PO 100 MG, 200 MG, 300 MG .....9
tolmetin sodium TABS PO 600 MG .6	topiramate CPSP PO 15 MG 20	TRAMADOL HCL SOLN (Use tramadol hcl) 9
tolnaftate SOLN .....65	topiramate CPSP PO 25 MG 20	tramadol hcl SOLN .....9
TOLSURA CAPS PO 31	topiramate CS24 PO .....20	tramadol hcl TABS PO 25 MG, 100 MG .....9
tolterodine tartrate CP24 PO 162	topiramate TABS PO 100 MG 20	tramadol hcl TABS PO 50 MG .....9
tolterodine tartrate TABS PO .....162	topiramate TABS PO 200 MG .....20	tramadol hcl TB24 PO .....9
tolvaptan TABS 82	topiramate TABS PO 25 MG, 50 MG . 20	tramadol-acetaminophen PO 10
TOPAMAX SPRINKLE CPSP PO 15 MG (Use topiramate) .....19	TOPPER DRESSING SPONGES MISC 95	trandolapril PO 1 MG, 2 MG .....35
TOPAMAX SPRINKLE CPSP PO 25 MG (Use topiramate) .....19	TOPROL XL TB24 PO 200 MG (Use metoprolol succinate) .....53	trandolapril PO 4 MG 35
TOPAMAX TABS PO 100 MG (Use topiramate) .....20	TOPROL XL TB24 PO 25 MG, 50 MG, 100 MG (Use metoprolol succinate) 53	trandolapril-verapamil hcl PO .....37
TOPAMAX TABS PO 200 MG (Use topiramate) .....20	toremifene citrate PO 41	tranexamic acid TABS PO .....89
TOPAMAX TABS PO 25 MG, 50 MG (Use topiramate) .....20	torsemide TABS PO 20 MG 79	TRANSDERM-SCOP (Use scopolamine) .....30
TOPCARE CLICKFINE PEN		TRANXENE-T TABS PO (Use clorazepate dipotassium) 13
		tranylcypromine sulfate PO .....22
		TRAVATAN Z SOLN (Use travoprost)

.....	152	CREA 0.5 %	69	TRIKAFTA THPK	158
TRAVEL LANCETS	111	triamcinolone acetonide (topical) LOTN	69	TRILEPTAL SUSP PO (Use oxcarbazepine)	20
TRAVEL LANCETS ADVANCED 28G	111	triamcinolone acetonide (topical) OINT 0.025 %	70	TRILEPTAL TABS PO (Use oxcarbazepine)	20
travoprost SOLN	152	triamcinolone acetonide (topical) OINT 0.05 %	69	TRILIPIX PO (Use choline fenofibrate)	33
trazodone hcl TABS PO 300 MG	23	triamcinolone acetonide (topical) OINT 0.1 %	69	trimethobenzamide hcl CAPS PO	30
trazodone hcl TABS PO 50 MG, 100 MG, 150 MG	23	triamcinolone acetonide (topical) OINT 0.1 %	70	trimethoprim TABS PO	37
TRECTOR PO	40	triamcinolone acetonide (topical) OINT 0.5 %	70	trimipramine maleate CAPS PO	24
TRELEGY ELLIPTA	16	TRIAMINIC COLD/COUGH DAY TIME SYRP PO	61	TRIMO-SAN	164
TREMFYA SOAJ 100 MG/ML	66	triamterene & hydrochlorothiazide CAPS PO 25 MG-37.5 MG	79	TRINATAL RX 1 TABS PO	146
TREMFYA SOSY 100 MG/ML	66	triamterene & hydrochlorothiazide TABS PO	79	TRINTELLIX PO	23
treprostinil SOLN IJ	55	triazolam PO	89	TRISTART DHA PO	146
TRESIBA FLEXTOUCH SOPN	28	TRIBENZOR PO (Use olmesartan medoxomil-amlodipine- hydrochlorothiazide)	37	TRISTART FREE PO	146
TRESIBA SOLN	28	TRICARE TABS PO	146	TRISTART ONE PO	146
tretinoin (chemotherapy) PO	43	TRICOR TABS PO (Use fenofibrate)	33	TRIUMEQ PD TBSO	50
tretinoin CREA 0.025 %	63	trientine hcl PO	131	TRIUMEQ TABS	50
tretinoin CREA 0.05 %, 0.1 %	63	trifluoperazine hcl TABS PO	47	TRIZIVIR PO	50
tretinoin GEL 0.01 %, 0.025 %	63	trifluridine	150	TROGARZO	50
tretinoin GEL 0.05 %	63	trihexyphenidyl hcl SOLN	44	TROJAN ENZ MISC	96
tretinoin microsphere	63	trihexyphenidyl hcl TABS PO	44	TROJAN MAGNUM MISC	96
TRETTEN	87	TRIJARDY XR	25	TROJAN ULTRA THIN MISC	96
TREXALL TABS PO 5 MG, 7.5 MG, 10 MG, 15 MG	40	TRIKAFTA TBPK	158	TROJAN ULTRA THIN/SPERMICIDAL MISC	96
triamcinolone acetonide (mouth)	132			TROJAN-ENZ LUBRICATED MISC	96
triamcinolone acetonide (topical) AERS	69			TROJAN-ENZ/SPERMICIDAL MISC	96
triamcinolone acetonide (topical) CREA 0.025 %	69			TROKENDI XR CP24 PO 200 MG (Use topiramate)	20
triamcinolone acetonide (topical) CREA 0.1 %	69			TROKENDI XR CP24 PO 25 MG, 50 MG, 100 MG (Use topiramate)	20
triamcinolone acetonide (topical)					

tropicamide SOLN	149	TRUE METRIX LEVEL 3 SOLN ..	111	TRUMENBA	163
tropium chloride CP24 PO	162	TRUE METRIX METER DEVI	111	TRUQAP TABS	43
tropium chloride TABS PO	162	TRUE METRIX METER KIT	111	TRUSOPT (Use dorzolamide hcl)	152
TRUDHESA	128	TRUE MULTIVITAMIN TABS PO	142	TRUSTEX COLOR CONDOMS +	
TRUE COMFORT ALCOHOL PREP		TRUECONTROL GLUCOSE CONT		LUBE MISC	96
PADS	114	LEV 0 LIQD	111	TRUSTEX LUB/RIBBED/STUDD	
TRUE COMFORT INSULIN		TRUECONTROL GLUCOSE CONT		MISC	96
SYRINGE	120	LEV 1 LIQD	111	TRUSTEX LUB/SPERMICIDE EX ST	
TRUE COMFORT PEN NEEDLES		TRUEDRAW LANCING DEVICE		MISC	96
120		MISC	111	TRUSTEX LUB/SPERMICIDE XL	
TRUE COMFORT PRO ALCOHOL		TRUELYTE SOLN PO	130	MISC	96
PREP	114	TRUEPLUS 5-BEVEL PEN		TRUSTEX LUBRICATED EX LARGE	
TRUE COMFORT PRO INSULIN		NEEDLES	120	MISC	96
SYR	120	TRUEPLUS INSULIN SYRINGE	120	TRUSTEX LUBRICATED EXTRA ST	
TRUE COMFORT PRO PEN		TRUEPLUS LANCETS 26G	112	MISC	96
NEEDLES	120	TRUEPLUS LANCETS 28G	112	TRUSTEX LUBRICATED MISC ...	96
TRUE COMFORT SAFETY		TRUEPLUS LANCETS 30G	112	TRUSTEX	
LANCETS	111	TRUEPLUS LANCETS 33G	112	LUBRICATED/SPERMICIDE MISC	96
TRUE COMFORT TWIST TOP		TRUEPLUS PEN NEEDLES	120	TRUSTEX NATURAL CONDOMS +	
LANCETS	111	TRUEPLUS SAFETY LANCETS 28G		LUBE MISC	96
TRUE COVER DEVI	96	.....	112	TRUSTEX NON-LUBRICATED MISC	
TRUE FOCUS BLOOD GLUCOSE		TRUERESULT BLOOD GLUCOSE		.....	96
METER DEVI	111	KIT	112	TRUSTEX RIA LUB/SPERMICIDE	
TRUE FOCUS BLOOD GLUCOSE		TRUETEST TEST STRP	78	MISC	96
STRIP STRP	78	TRUETRACK BLOOD GLUCOSE		TRUSTEX RIA LUBRICATED MISC .	
TRUE METRIX AIR GLUCOSE		DEVI	112	96	
METER DEVI	111	TRUETRACK BLOOD GLUCOSE		TRUSTEX RIA NON-LUBRICATED	
TRUE METRIX AIR GLUCOSE		KIT	112	MISC	96
METER KIT	111	TRUETRACK SMART SYSTEM KIT .		TRUSTEX-NONOXYNOL-	
TRUE METRIX BLOOD GLUCOSE		112		9/RIB/STUD MISC	96
TEST STRP	78	TRUETRACK TEST STRP	78	TRUVADA PO 100 MG-150 MG, 133	
TRUE METRIX GO GLUCOSE		TRULANCE PO	83	MG-200 MG, 167 MG-250 MG (Use	
METER KIT	111	TRULICITY	26	emtricitabine-tenofovir disoproxil	
TRUE METRIX LEVEL 1 SOLN ..	111			fumarate)	50
TRUE METRIX LEVEL 2 SOLN ..	111				

TRUVADA PO 200 MG-300 MG (Use emtricitabine-tenofovir disoproxil fumarate)	50	SUSP PO (Use acetaminophen)	7	ULTICARE MINI PEN NEEDLES	120
TUBING/WING TIP MISC	128	TYLENOL TABS PO (Use acetaminophen)	7	ULTICARE PEN NEEDLES	121
TUDORZA PRESSAIR	14	TYPHIM VI SOLN	163	ULTICARE SHORT PEN NEEDLES	121
TUKYSA	41	TYPHIM VI SOSY	163	ULTICARE SYRINGE	121
TUMS CHEW PO (Use calcium carbonate (antacid))	12	TYSABRI	156	ULTICARE TUBERCULIN SAFETY SYR MISC	121
TUMS LASTING EFFECTS CHEW PO (Use calcium carbonate (antacid))	12	TYVASO DPI MAINTENANCE KIT POWD	55	ULTIGUARD SAFEPACK PEN NEEDLE	121
TUMS ULTRA 1000 CHEW PO (Use calcium carbonate (antacid))	12	TYVASO DPI TITRATION KIT POWD	55	ULTIGUARD SAFEPACK SYR/NEEDLE	121
TURALIO PO 125 MG	43	TYVASO REFILL KIT SOLN IN ...	55	ULTI-LANCE AUTOMATIC MISC	112
T-VITES TABS PO	140	TYVASO SOLN IN	55	ULTILET CLASSIC LANCETS ...	112
TWINRIX SUSY	164	TYVASO STARTER KIT SOLN IN	55	ULTILET LANCETS	112
TWIRLA	58	UBRELVY PO	128	ULTILET PEN NEEDLE	121
TWIST TOP LANCETS 30G	112	UCERIS (Use budesonide (intrarectal))	11	ULTILET SAFETY LANCETS ...	112
TYBLUME CHEW	58	UCERIS TB24 PO (Use budesonide) 60		ULTILET SAFETY LANCETS 23G	112
TYBOST	50	UDAMIN SP TABS PO 12.5 MG-1000 MCG-250 MCG-2.5 MG-17 MG-7.5 MG-100 MCG-75 UNIT-320 MG	140	ULTOMIRIS	87
TYKERB (Use lapatinib ditosylate) 43		UDENYCA ONBODY SOSY	88	ULTRA BONEUP TABS PO	140
TYLENOL CAPS PO (Use acetaminophen)	7	UDENYCA SOAJ	88	ULTRA COMFORT INSULIN SYRINGE	121
TYLENOL CHILDRENS PAIN + FEVER SUSP PO (Use acetaminophen)	7	UDENYCA SOSY	88	ULTRA FLO INSULIN PEN NEEDLES	121
TYLENOL CHILDRENS SUSP PO (Use acetaminophen)	7	ULORIC (Use febuxostat)	86	ULTRA FLO INSULIN SYR 1/2 UNIT	121
TYLENOL EXTRA STRENGTH TABS PO (Use acetaminophen)	7	ULTICARE ALCOHOL SWABS .	114	ULTRA FLO INSULIN SYRINGE	121
TYLENOL FOR CHILDREN + ADULTS SUSP PO (Use acetaminophen)	7	ULTICARE INSULIN SAFETY SYR .	120	ULTRA NEB ACCESSORIES KIT MISC	128
TYLENOL INFANTS PAIN+FEVER		ULTICARE INSULIN SYR 1/2 UNIT .	120	ULTRA THIN LANCETS 31G	112
		ULTICARE INSULIN SYRINGE .	120	ULTRA THIN PEN NEEDLES ...	121
		ULTICARE MICRO PEN NEEDLES .	120		

ULTRA-CARE ALCOHOL PREP PADS	114	UNILET EXCELITE	112	112	
ULTRACARE INSULIN SYRINGE 121		UNILET EXCELITE II	112		UNIVERSAL 1 LANCETS ULTRA THIN
ULTRA-CARE LANCETS 30G ...	112	UNILET G.P. LANCET	112		112
ULTRACARE PEN NEEDLES ...	121	UNILET G.P. SUPERLITE LANCET .	112		UPSPRING BABY IRON-IMMUNITY LIQD PO
ULTRA-THIN II AUTO LANCET .	112	112			143
ULTRA-THIN II INS SYR SHORT 121		UNILET GP 28 ULTRA THIN	112		UPSPRING BABY VIT D LIQD PO
ULTRA-THIN II INSULIN SYRINGE .	121	UNILET LANCET	112		166
ULTRA-THIN II LANCETS	112	UNILET MICRO-THIN 33G	112		UPSPRINGBABY
ULTRA-THIN II MINI PEN NEEDLE .	121	UNILET SUPERLITE LANCET ..	112		MULTIVITAMIN/IRON LIQD PO .
ULTRA-THIN II PEN NEEDLE SHORT	121	UNILET SUPER-THIN 30G	112		143
ULTRA-THIN II PEN NEEDLES .	121	UNILET ULTRA-THIN 28G	112		UPTRAVI SOLR
ULTRATHON INSECT REPELLENT 8 AERO	72	UNISOM SLEEPGELS CAPS PO (Use diphenhydramine hcl (sleep))	89		56
ULTRATHON INSECT REPELLENT LOTN	72	UNISOM SLEEPTABS PO (Use doxylamine succinate (sleep))	89		56
ULTRAVATE LOTN	70	UNISTIK 3 GENTLE	112		56
UNASYN IV 10 GM-5 GM (Use ampicillin & sulbactam sodium) ..	154	UNISTIK PRO SAFETY LANCET 112			urea CREA 39 %, 41 %
UNIFINE PEN NEEDLES	121	UNISTIK SAFETY LANCETS 28G 112			70
UNIFINE PENTIPS	121	UNISTIK SAFETY LANCETS 30G 112			urea CREA 40 %
UNIFINE PENTIPS PLUS	121	UNISTIK TOUCH SAFETY LANC 21G	112		70
UNIFINE PROTECT PEN NEEDLE .	121	UNISTIK TOUCH SAFETY LANC 23G	112		UREA CREA
UNIFINE SAFECONTROL PEN NEEDLE	121	UNISTIK TOUCH SAFETY LANC 28G	112		70
UNIFINE ULTRA PEN NEEDLE .	121	UNISTIK TOUCH SAFETY LANC 30G	112		UREA-SALICYLIC ACID CREA ...
UNILET COMFORTOUCH LANCET 112		UNISTRIP1 GENERIC STRP	78		70
		UNIVERSAL 1 LANCETS THIN 26G	112		URIBEL PO
		UNIVERSAL 1 LANCETS THIN 33G .			38
					UROCIT-K 10 TBCR PO (Use potassium citrate (alkalinizer))
					85
					UROCIT-K 15 TBCR PO (Use potassium citrate (alkalinizer))
					85
					UROCIT-K 5 TBCR PO (Use potassium citrate (alkalinizer))
					85
					UROGESIC-BLUE TABS PO (Use methenamine-hyoscamine-methylene blue-sodium phosphate)
					38
					URSO 250 TABS PO (Use ursodiol) .
					83
					URSO FORTE TABS PO (Use ursodiol)
					83
					ursodiol CAPS PO
					83
					ursodiol TABS PO 250 MG
					83
					ursodiol TABS PO 500 MG
					83

UZEDY SUSY	46	112	VASCEPA (Use icosapent ethyl) .	33
VAGIFEM TABS (Use estradiol vaginal)	165	VALUE PLUS LANCING DEVICE MISC	VASERETIC PO 25 MG-10 MG (Use enalapril maleate & hydrochlorothiazide)	37
valacyclovir hcl PO 1 GM	51	VALUMARK LANCET SUPER THIN 30G	VASOTEC TABS PO (Use enalapril maleate)	35
valacyclovir hcl PO 500 MG	51	VALUMARK LANCET ULTRA THIN 28G	VAXCHORA	163
VALCHLOR	65	VALUMARK PEN NEEDLES	VAXELIS SUSP	160
VALCYTE SOLR (Use valganciclovir hcl)	51	VANCOCIN CAPS PO 125 MG (Use vancomycin hcl)	VAXELIS SUSY	160
VALCYTE TABS PO (Use valganciclovir hcl)	51	VANCOCIN CAPS PO 250 MG (Use vancomycin hcl)	VAXNEUVANCE	163
valganciclovir hcl SOLR	51	vancomycin hcl CAPS PO 125 MG 38	VELETRI (Use epoprostenol sodium)	55
valganciclovir hcl TABS PO	51	vancomycin hcl CAPS PO 250 MG 38	VELPHORO	85
valproate sodium SOLN PO 250 MG/5ML	21	vancomycin hcl CAPS PO 250 MG 38	VELTASSA PO 8.4 GM, 16.8 GM, 25.2 GM	132
valproic acid CAPS PO	21	vancomycin hcl SOLR PO 25 MG/ML	VEMLIDY	51
valsartan SOLN	35	vancomycin hcl SOLR PO 50 MG/ML, 250 MG/5ML	VENCLEXTA STARTING PACK TBPK	41
valsartan TABS PO	35	VANDAZOLE	VENCLEXTA TABS	41
valsartan-hydrochlorothiazide PO .	37	VANFLYTA	VENEXA FE TABS PO	140
VALTOCO 10 MG DOSE LIQD	18	VANISHPOINT INSULIN SYRINGE .	VENEXA TABS PO	140
VALTOCO 15 MG DOSE LQPK ...	18	121	VENLAFAXINE BESYLATE ER ..	24
VALTOCO 20 MG DOSE LQPK ...	18	VANISHPOINT SAFETY SYRINGE .	venlafaxine hcl CP24 PO 150 MG .	24
VALTOCO 5 MG DOSE LIQD	18	121	venlafaxine hcl CP24 PO 37.5 MG	24
VALTRESX PO 1 GM (Use valacyclovir hcl)	51	VANISHPOINT SYRINGE	venlafaxine hcl CP24 PO 75 MG ..	24
VALTRESX PO 500 MG (Use valacyclovir hcl)	51	121	venlafaxine hcl TABS PO	24
VALUE HEALTH INSULIN SYRINGE	121	VANISHPOINT TUBERCULIN SYRINGE MISC	venlafaxine hcl TB24 PO	24
VALUE PLUS LANCET STANDARD 21G	112	121	VENTAVIS IN	55
VALUE PLUS LANCETS SUPER THIN	112	VANOS CREA (Use fluocinonide) .	VENTOLIN HFA AERS (Use albuterol sulfate)	16
VALUE PLUS LANCETS THIN 26G .	112	VAQTA	VENTRIXYL FE TABS PO	140
		varenicline tartrate TABS PO	VENTRIXYL TABS PO	140
		158		
		varenicline tartrate TBPK		
		158		
		VARIVAX SUSR		
		164		

VEOPOZ	87	113	LIQD PO (Use dextromethorphan- doxylamine-acetaminophen)	61
verapamil hcl CP24 PO 100 MG, 120 MG, 180 MG, 200 MG, 240 MG ...	54	VERIFINE UNIVERSAL LANCETS 28G	VICTOZA (Use liraglutide)	26
verapamil hcl CP24 PO 300 MG, 360 MG	54	VERIFINE UNIVERSAL LANCETS 30G	VIDA MIA AUTOLET LANCING DEV MISC	113
VERAPAMIL HCL ER CP24 PO (Use verapamil hcl)	54	VERIFINE UNIVERSAL LANCETS 33G	VIDA MIA UNIFINE PENTIPS ...	121
verapamil hcl TABS PO	54	VERKAZIA EMUL	VIDA MIA UNILET LANCETS 28G 113	
verapamil hcl TBCR PO	54	VERQUVO	VIDA MIA UNILET LANCETS 30G 113	
VERASENS BLOOD GLUCOSE METER DEVI	113	VERSACLOZ SUSP PO	vigabatrin PACK	20
VERASENS BLOOD GLUCOSE SYSTEM KIT	113	VERSAPAP DEVI	vigabatrin TABS	20
VERASENS BLOOD GLUCOSE TEST STRP	78	VERSAPAP W/UNIVERSAL TUBING DEVI	VIGAMOX SOLN OP (Use moxifloxacin hcl (ophth))	150
VEREGEN	64	VERZENIO	VIIBRYD TABS (Use vilazodone hcl) 23	
VERELAN CP24 PO 120 MG, 180 MG, 240 MG (Use verapamil hcl) ..	54	VESICARE LS SUSP	vilazodone hcl TABS	23
VERELAN CP24 PO 360 MG (Use verapamil hcl)	54	VESICARE TABS PO (Use solifenacin succinate)	VIMOVO PO (Use naproxen- esomeprazole magnesium)	6
VERELAN PM CP24 PO 100 MG, 200 MG (Use verapamil hcl)	54	VEVYE SOLN	VIMPAT SOLN PO 10 MG/ML (Use lacosamide)	20
VERELAN PM CP24 PO 300 MG (Use verapamil hcl)	54	VFEND SUSR PO (Use voriconazole)	VIMPAT TABS PO (Use lacosamide) 20	
VERIFINE INSULIN PEN NEEDLE 121		VFEND TABS PO (Use voriconazole)	VINATE DHA RF	146
VERIFINE INSULIN SYRINGE ..	121	V-GO 20 KIT	VIOKACE TABS	78
VERIFINE PLUS PEN NEEDLE ..	121	V-GO 30 KIT	VIRACEPT TABS PO 250 MG	50
VERIFINE SAFE LANCET MINI 21G	113	V-GO 40 KIT	VIRACEPT TABS PO 625 MG	50
VERIFINE SAFE LANCET MINI 23G	113	VIBERZI	VIRAZOLE (Use ribavirin)	52
VERIFINE SAFE LANCET MINI 28G	113	VIBRAMYCIN CAPS PO (Use doxycycline hyclate)	VIREAD POWD	50
VERIFINE SAFE LANCET MINI 30G ..		VIBRAMYCIN SUSR PO (Use doxycycline (monohydrate))	VIREAD TABS PO (Use tenofovir disoproxil fumarate)	50
VERIFINE SAFE LANCET MINI 30G ..		VICKS NYQUIL COLD & FLU NIGHT LIQD PO (Use dextromethorphan- doxylamine-acetaminophen)	VIREAD TABS PO	50
		VICKS NYQUIL HBP COLD & FLU	VIRT-NATE DHA CAPS PO	146

VIRT-PN DHA PO	146	PO	144	estradiol)	83
VISINE RED EYE COMFORT (Use tetrahydrozoline hcl (ophth))	150	VITAPEARL	146	VIVITROL	29
VISTARIL CAPS PO 25 MG (Use hydroxyzine pamoate)	13	VITAROCA PLUS TABS PO (Use multiple vitamins w/ minerals)	141	VIVJOA	31
VISTARIL CAPS PO 50 MG (Use hydroxyzine pamoate)	13	VITASANA TABS PO	141	VIVOTIF PO	163
VISTOGARD	29	VITATRUM TABS PO	141	VIZIMPRO	41
VITABASIC COMPLETE TABS PO 140		VITEYES CLASSIC MULTIVITAMIN TABS PO	141	VOGELXO GEL TD (Use testosterone)	11
VITABASIC SENIOR TABS PO ..	140	VITEYES OPTIC NERVE SUPPORT TABS PO	141	VOGELXO PUMP GEL TD (Use testosterone)	10
VITACHEW ADULT MULTI VITAMIN CHEW PO	140	VITRAKVI CAPS PO	43	VOLTAREN ARTHRITIS PAIN GEL EX (Use diclofenac sodium (topical)) .	65
VITACHEW MULTIPLE VITAMIN CHEW PO	143	VITRAKVI SOLN	43	VONJO	43
VITAFOL FE+	146	VITRANOL FE TABS PO	141	VONVENDI	87
VITAFOL GUMMIES	146	VITREXATE FE TABS PO	141	voriconazole SUSR PO	31
VITAFOL STRIPS	146	VITREXYL + IRON TABS PO ...	141	voriconazole TABS PO	31
VITAFOL ULTRA	146	VITREXYL TABS PO	141	VORTEX HOLD CHMBR/MASK/CHILD DEVI	128
VITAFOL-NANO	146	VITRUM 50+ ADULT-MULTI TABS PO	141	VORTEX HOLD CHMBR/MASK/TODDLER DEVI .	128
VITAFOL-OB TABS PO	146	VITRUM 50+ SENIOR MULTI TABS PO	141	VORTEX VALVED HOLDING CHAMBER DEVI	128
VITAFOL-OB+DHA MISC PO	146	VIVAGUARD INO GLUCOSE METER DEVI	113	VOSEVI	51
VITAFOL-ONE CAPS PO	146	VIVAGUARD INO SMART GLUC METER DEVI	113	VOTRIENT (Use pazopanib hcl) ..	43
VITAJOY MULTI GUMMIES ADULT CHEW PO	140	VIVAGUARD INO TEST STRIPS STRP	78	VOTRIENT	43
VITALETS CHILDRENS CHEW PO 143		VIVAGUARD LANCETS	113	VP INSULIN SYRINGE	121
VITAMEDMD ONE RX/QUATREFOLIC PO	146	VIVAGUARD LANCING DEVICE MISC	113	VRAYLAR CAPS	45
VITAMIN D3 COMPLETE TABS PO .	140	VIVELLE-DOT PTTW (Use estradiol)	83	VRAYLAR CPPK	45
VITAMIN D3 LIQD PO 125 MCG/ML .	166	VIVELLE-DOT PTTW 0.025 MG/24HR, 0.0375 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (Use		VTAMA	66
VITAMINS ACD-FLUORIDE SOLN				VUITY SOLN	149
				VUMERITY PO	156
				VUSION (Use miconazole-zinc oxide-white petrolatum)	65

VYEPTI	128	WEGMANS UNIFINE PENTIPS PLUS	121	MINERAL TABS PO	141
VYJUVEK	73	WELCHOL PACK (Use colesevelam hcl)	33	WOMENS MULTIVITAMIN + COLLAGEN CHEW PO	141
VYNDAMAX	56	WELCHOL TABS PO (Use colesevelam hcl)	33	WOMENS MULTIVITAMIN GUMMIES CHEW PO	141
VYNDAQEL	56	WELLBUTRIN SR TB12 PO 100 MG (Use bupropion hcl)	22	XACIATO GEL	165
VYTORIN PO (Use ezetimibe-simvastatin)	32	WELLBUTRIN SR TB12 PO 150 MG (Use bupropion hcl)	21	XADAGO	45
VYVANSE CAPS PO	1	WELLBUTRIN SR TB12 PO 200 MG (Use bupropion hcl)	22	XALATAN SOLN (Use latanoprost) 152	
VYVANSE CHEW	1	WELLBUTRIN XL TB24 PO 150 MG (Use bupropion hcl)	22	XALKORI CAPS	43
VYVGART	131	WELLBUTRIN XL TB24 PO 300 MG (Use bupropion hcl)	22	XALKORI CPSP	43
VYVGART HYTRULO	131	WESCAP-C DHA PO	146	XANAX TABS PO (Use alprazolam) . 13	
VYZULTA	152	WESCAP-PN DHA PO	146	XANAX XR TB24 PO (Use alprazolam)	13
WAINUA	158	WESNATAL DHA COMPLETE PO 146		XARELTO STARTER PACK TBPK 16	
WAKIX	2	WESNATE DHA CAPS PO	146	XARELTO SUSR	16
WAL-BORN VITAMIN C CHEW PO 141		WESTAB PLUS TABS PO	146	XARELTO TABS 10 MG	16
WALGREENS ADV TRAVEL LANCETS	113	WESTGEL DHA PO	146	XARELTO TABS 15 MG	16
WALGREENS LANCETS	113	white petrolatum-mineral oil	148	XARELTO TABS 2.5 MG	16
WALGREENS LANCETS MICRO THIN	113	WILATE KIT	87	XARELTO TABS 20 MG	16
WALGREENS LANCETS SUPER THIN	113	WINDMILL TRAINER MISC	128	XATMEP SOLN	40
WALGREENS THIN LANCETS . 113		WINLEVI	63	XCOPRI (250 MG DAILY DOSE) TBPK	20
WALGREENS ULTRA THIN LANCETS	113	WOMENS 50+ MULTI VITAMIN TABS PO	141	XCOPRI (350 MG DAILY DOSE) TBPK	20
WAL-TAP COLD/ALLERGY LIQD PO	61	WOMENS 50+ MULTI VITAMIN/MIN TABS PO	141	XCOPRI TABS 50 MG, 100 MG, 150 MG, 200 MG	20
warfarin sodium TABS PO	16	WOMENS MULTI GUMMIES CHEW PO	141	XCOPRI TBPK	20
WAVESENSE AMP KIT	113	WOMENS MULTI VITAMIN &		XDEMZY	150
WEBCOL ALCOHOL PREP LARGE 114				XELJANZ SOLN	3
WEBCOL ALCOHOL PREP MEDIUM	114			XELJANZ SOLN	4

XELJANZ TABS	4	PO 60 MG	41	MG/0.4ML	5
XELJANZ XR TB24 PO	3	XPOVIO (60 MG TWICE WEEKLY) PO	42	YUFLYMA-CD/UC/HS STARTER AJKT	5
XELODA PO (Use capecitabine) ..	40	XPOVIO (80 MG ONCE WEEKLY) PO 40 MG	42	YUM-VS COMPLETE MULTIVITAMIN CHEW PO	141
XELPROS EMUL	152	XPOVIO (80 MG TWICE WEEKLY) PO	42	YUMVS MULTI ZERO CHEW PO	141
XELSTRYM	1	XTAMPZA ER	9	YUMVS ZERO DIABETIC MULTIVITAM CHEW PO	141
XENAZINE PO (Use tetrabenazine) 156		XTANDI CAPS	41	YUMVSKIDS MULTI ZERO CHEW PO	143
XEPI	64	XTANDI TABS	41	YUPELRI	14
XERAC AC	72	XULTOPHY	25	YUSIMRY	5
XERESE	66	XYLIDERM	71	zafirlukast PO	14
XHANCE EXHU	148	XYNTHA	87	zaleplon PO	90
XIFAXAN PO	37	XYNTHA SOLOFUSE	87	ZANAFLEX CAPS PO (Use tizanidine hcl)	147
XIGDUO XR PO (Use dapagliflozin propanediol-metformin hcl)	25	XYREM SOLN PO	155	ZANAFLEX TABS PO 4 MG (Use tizanidine hcl)	147
XIGDUO XR PO	25	XYWAV	155	ZARONTIN CAPS PO (Use ethosuximide)	21
XIIDRA	150	XYZAL ALLERGY 24HR TABS PO (Use levocetirizine dihydrochloride) 32		ZARONTIN SOLN PO (Use ethosuximide)	21
XOFLUZA (40 MG DOSE) PO 40 MG	52	YASMIN 28 PO (Use drospirenone- ethinyl estradiol)	58	ZARXIO	88
XOFLUZA (80 MG DOSE) PO 80 MG	52	YAZ PO (Use drospirenone-ethinyl estradiol)	58	ZATEAN-PN DHA PO	146
XOLAIR SOLR	14	YCANTH SOLN	70	ZAVZPRET	128
XOLAIR SOSY 75 MG/0.5ML, 150 MG/ML	14	YELETS TEENAGE FORMULA TABS PO	141	ZEGALOGUE SOAJ	26
XOPENEX HFA (Use levalbuterol tartrate)	16	YF-VAX INJ	164	ZEGALOGUE SOSY	26
XOSPATA	43	YONSA	41	ZEGERID CAPS PO (Use omeprazole-sodium bicarbonate) 162	
XPOVIO (100 MG ONCE WEEKLY) PO 50 MG	41	YOUR LIFE MULTI ADULT GUMMIES CHEW PO	141	ZEGERID OTC CAPS PO (Use omeprazole-sodium bicarbonate) 161	
XPOVIO (40 MG ONCE WEEKLY) PO 40 MG	41	YUFLYMA (1 PEN) AJKT	5	ZEGERID PACK PO (Use omeprazole-sodium bicarbonate) 162	
XPOVIO (40 MG TWICE WEEKLY) PO 40 MG	41	YUFLYMA (2 PEN) AJKT	5		
XPOVIO (60 MG ONCE WEEKLY)		YUFLYMA (2 SYRINGE) PSKT 40			

ZEGERID PACK PO 1680 MG-40 MG (Use omeprazole-sodium bicarbonate)	162	ZETONNA AERS	148	ZITHROMAX TRI-PAK TABS PO (Use azithromycin)	91
ZEJULA CAPS PO	43	ZEV RX INSULIN SYRINGE	122	ZITHROMAX Z-PAK TABS PO (Use azithromycin)	91
ZEJULA TABS	43	ZEV RX PEN NEEDLES	122	ZITUVIO	26
ZELAPAR TBDP	45	ZEV RX TWIST TOP LANCETS 30G 113		ZMA CLEAR SUSP	63
ZELBORAF PO	43	ZIAC PO (Use bisoprolol & hydrochlorothiazide)	37	ZOCOR TABS PO 10 MG, 20 MG, 40 MG (Use simvastatin)	34
ZEMBRACE SYMTOUCH SOAJ	129	ZIAGEN SOLN PO (Use abacavir sulfate)	50	ZOLINZA	43
ZEMPLAR CAPS PO 1 MCG, 2 MCG (Use paricalcitol)	81	ZIAGEN TABS PO (Use abacavir sulfate)	50	zolmitriptan SOLN 2.5 MG	129
ZENIFIBER 2"X2" MISC	73	ZIANA (Use clindamycin phosphate- tretinoin)	63	zolmitriptan SOLN 5 MG	129
ZENIFIBER 4"X5" MISC	73	zidovudine CAPS PO	50	zolmitriptan TABS PO	129
ZENIFIBER 6"X6" MISC	73	zidovudine SYRP PO	50	zolmitriptan TBDP PO	129
ZENIFIBER 8"X8" MISC	73	zidovudine TABS PO	51	ZOLOFT CONC PO (Use sertraline hcl)	23
ZENPEP CPEP PO 105000 UNIT- 79000 UNIT-25000 UNIT, 14000 UNIT-10000 UNIT-3000 UNIT, 168000 UNIT-126000 UNIT-40000 UNIT, 24000 UNIT-17000 UNIT-5000 UNIT, 252600 UNIT-189600 UNIT- 60000 UNIT, 42000 UNIT-32000 UNIT-10000 UNIT, 63000 UNIT- 47000 UNIT-15000 UNIT, 84000 UNIT-63000 UNIT-20000 UNIT	78	ZIEXTENZO	88	ZOLOFT TABS PO 100 MG (Use sertraline hcl)	23
ZEPATIER	51	ZILBRYSQ	87	ZOLOFT TABS PO 25 MG, 100 MG (Use sertraline hcl)	23
ZEPOSIA 7-DAY STARTER PACK CPPK	157	zileuton TB12 PO	14	ZOLOFT TABS PO 25 MG, 50 MG (Use sertraline hcl)	23
ZEPOSIA CAPS	157	ZIMHI SOSY	29	ZOLPIDEM TARTRATE CAPS	90
ZEPOSIA STARTER KIT CPPK	157	ZIOPTAN (Use tafluprost)	152	zolpidem tartrate SUBL	90
ZERVIAE	152	ziprasidone hcl PO	45	zolpidem tartrate TABS PO	90
ZESTORETIC PO (Use lisinopril & hydrochlorothiazide)	37	ziprasidone mesylate	45	zolpidem tartrate TBCR PO	90
ZESTRIL TABS PO (Use lisinopril) 35		ZIRGAN GEL	150	ZOMACTON SOLR SC	80
ZETIA PO (Use ezetimibe)	34	ZITHROMAX PACK PO	91	ZOMIG SOLN (Use zolmitriptan)	129
		ZITHROMAX SUSR PO 100 MG/5ML (Use azithromycin)	91	ZOMIG SOLN 2.5 MG (Use zolmitriptan)	129
		ZITHROMAX SUSR PO 200 MG/5ML (Use azithromycin)	91	ZOMIG SOLN 5 MG (Use zolmitriptan)	129
		ZITHROMAX TABS PO 250 MG (Use azithromycin)	91	ZONALON (Use doxepin hcl (antipruritic))	65
		ZITHROMAX TABS PO 500 MG (Use azithromycin)	91		

ZONISADE SUSP	20	ZYPREXA RELPREVV	47
zonisamide CAPS PO	20	ZYPREXA SOLR (Use olanzapine)	47
ZOO FRIENDS COMPLETE CHEW PO	143	ZYPREXA TABS PO 15 MG, 20 MG (Use olanzapine)	47
ZOO FRIENDS MULTI GUMMIES CHEW PO	143	ZYPREXA TABS PO 2.5 MG, 5 MG (Use olanzapine)	47
ZORTRESS (Use everolimus (immunosuppressant))	131	ZYPREXA TABS PO 20 MG (Use olanzapine)	47
ZORYVE	66	ZYPREXA TABS PO 7.5 MG, 10 MG (Use olanzapine)	47
ZORYVE 0.3 %	66	ZYPREXA ZYDIS TBDP PO (Use olanzapine)	47
ZOSYN	154	ZYRTEC ALLERGY TABS PO (Use cetirizine hcl)	32
ZOVIRAX CREA (Use acyclovir topical)	66	ZYRTEC CHEW PO 10 MG (Use cetirizine hcl)	32
ZOVIRAX OINT (Use acyclovir topical)	66	ZYRTEC CHILDRENS ALLERGY CHEW PO 10 MG (Use cetirizine hcl)	32
ZOVIRAX SUSP PO (Use acyclovir) .	51	.....	32
ZTALMY	20	ZYRTEC CHILDRENS ALLERGY SOLN PO (Use cetirizine hcl)	32
ZTLIDO PTCH	71	ZYRTEC-D ALLERGY & CONGESTION PO (Use cetirizine- pseudoephedrine)	61
ZUBSOLV SUBL	10	ZYRTEC-D ALLERGY & SINUS PO (Use cetirizine-pseudoephedrine) .	61
ZURZUVAE	22	ZYTIGA (Use abiraterone acetate)	41
ZYCLARA (Use imiquimod)	70	ZYVOX SUSR (Use linezolid)	39
ZYCLARA PUMP (Use imiquimod)	70	ZYVOX TABS PO (Use linezolid) ..	39
ZYCLARA PUMP	70		
ZYDELIG	43		
ZYFLO TABS PO	14		
ZYKADIA TABS	43		
ZYLET	151		
ZYLOPRIM PO (Use allopurinol) ..	86		
ZYMAXID (Use gatifloxacin (ophth)) .	150		
ZYPITAMAG PO 2 MG, 4 MG	34		