2026 Formulary

Introduction

Health Partners Plans, Inc. is pleased to provide the 2026 Health Partners Plans CHIP Formulary. This formulary covers members under the Health Partners Plans CHIP (Children's Health Insurance Program) plan. The drugs listed in the Health Partners Plans CHIP Formulary are intended to provide sufficient options to treat the majority of patients who require drug therapy in an ambulatory setting. Excluded from coverage are drugs from specific manufacturers who have not contracted with the rebate program of the Federal government.

The drugs listed in the Health Partners Plans CHIP Formulary have been reviewed and approved by the Health Partners Plans Pharmacy and Therapeutics Committee. These drug products have been selected to **provide the most clinically appropriate and cost-effective medications** for Health Partners Plans CHIP members. There may be occasions when an unlisted drug is desired for medical management of a specific patient. In those instances, the unlisted medication may be requested through Prior Authorization/ Medical Exception.

Preface

The Health Partners Plans CHIP Formulary is organized by sections, which refer to either a drug/ pharmacologic class or disease state. Each section contains a list of drugs selected to be on this formulary. Prescribing a drug product that is available generically is encouraged when appropriate. Unless exceptions are noted, all applicable dosage forms and strengths of the referenced product generally are covered.

Pharmacy and Therapeutics (P&T) Committee

The actions of the Health Partners Plans P&T Committee are communicated through the Provider Newsletter to all physicians and posted on our website. Pharmacy providers in the Health Partners Plans CHIP network will be notified through correspondence from the Health Partners Plans Pharmacy department when applicable.

Product Selection Criteria

The Health Partners Plans P&T Committee will consider all FDA approved drugs for inclusion in the formulary. The evaluation process includes a literature review, and expert opinion by respected medical professionals. Formal reviews are prepared which typically address the following information:

1. Safety
2. Effectiveness
3. Comparison studies
4. Approved indications
5. Adverse effects
6. Contraindications
7. Pharmacokinetics
8. Patient compliance considerations
9. Medical outcome and pharmacoeconomic studies

When a new drug is considered for formulary inclusion, an attempt will be made to examine the drug relative to similar drugs currently on formulary. In addition, entire therapeutic classes are periodically reviewed. This review process may result in deletion of a drug(s) in a particular therapeutic class in an effort to continually promote the most clinically useful and cost-effective agents.

Plan Limits

A maximum of up to a 30-day supply of medication is eligible for coverage. The prescriber is urged to prescribe in amounts that adhere to accepted standards of care. The days' supply must be accurately determined by the dispensing pharmacist to assure compliance with plan parameters. Specific limits based on FDA guidelines, medication package inserts and accepted standards of care may apply to medication treatments under clinical review.

Prescription quantities cannot be altered unless approved by the physician, and must be within the limits of the plan's days' supply.

Prescribed medications or regimens that are non-formulary require prior authorization.

Immediate Need (5/15-day Emergency Supply)

If a member presents at a pharmacy with a prescription which requires prior authorization, whether for a non-formulary drug or otherwise, and if the prior authorization cannot be processed immediately, Health Partners Plans will allow the pharmacy to dispense an interim supply of the prescription under the following circumstances:

If the recipient is in immediate need of the medication in the professional judgment of the pharmacist and if the prescription is for a new medication (one that the recipient has not taken before or that is taken for an acute condition), Health Partners Plans will allow the pharmacy to dispense a 5-day supply of the medication to afford the recipient or pharmacy the opportunity to initiate the request for prior authorization.

If the prescription is for an ongoing medication (one that is continuously prescribed for the treatment of an illness or condition that is chronic in nature in which there has not been a break in treatment for greater than 30 Days), Health Partners Plans will allow the pharmacy to dispense a 15-day supply of the medication automatically, unless Health Partners Plans mailed to the member, with a copy to the prescriber, an advance written notice of the reduction or termination of the medication at least 10 days prior to the end of the period for which the medication was previously authorized.

Health Partners Plans will respond to the request for prior authorization within 24 hours from when the request was received. If the prior authorization is denied, the member is entitled to appeal the decision through several avenues. The 5-day or 15-day requirement does not apply when the pharmacist

determines that taking the medication, either alone or along with other medication that the recipient may be taking, would jeopardize the health and safety of the recipient.

Formulary Product Descriptions

This formulary lists all specific strengths and dosage forms that are covered. **When a strength or dosage form is specified, only the product identified will be covered. Other strengths/ dosage forms of the referenced product are not covered.**

For specific questions please contact the Health Partners Plans Pharmacy department at 215-991-4300.

Generic Substitution

Generic substitution is the process by which a generic equivalent is dispensed rather than the brand name product. The appropriate use of generic drugs is one method of providing cost conscious drug therapy. Health Partners Plans will not cover any drugs by companies that do not participate in the Federal Rebate Program or are DESI drugs. Generic drugs must be prescribed and dispensed when an A-rated generic drug is available. Brand necessary prescriptions for drugs with A-rated generics require prior authorization.

The MAC list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover the acquisition of most generics but not branded versions of the same drug. The products selected for inclusion on the MAC list are commonly prescribed and dispensed and have usually gone through the FDA's review and approval process. This process assures the following requirements have been met:

The generic drug will contain the same active ingredient(s) and be the same strength and dosage form as the brand name counterpart.

The FDA has given the generic an "A" rating compared to the branded counterpart indicating bioequivalence and has determined the generic is therapeutically equivalent to the referenced brand. The ratings of generic drugs are available by referring to the FDA reference *Approved Drug Products with Therapeutic Equivalence Evaluations* (Orange Book).

When the above two criteria are met, a generic can be substituted with the full expectation that the substituted product will produce the same clinical effect and safety profile as the brand name product.

State laws or regulation may indicate the ability to practice generic substitution for selected products or categories of drugs.

There are now many brand name products that are repackaged or distributed under a generic label. These generic versions should always be considered therapeutically equivalent and substitutable for the source branded product irrespective of rating.

Drugs Efficacy Study Implementation (DESI) Drugs

Health Partners Plans does not reimburse for DESI drugs. DESI drugs are those drugs first marketed between 1938 and 1962 which were approved as safe, but not required to show effectiveness for FDA product approval. The DESI program subsequently made a determination of fully effective for most of these products and they remain in the marketplace. A few DESI products remain classified as less than fully effective while awaiting final administrative disposition. Also classified as DESI are many products listed as identical, similar, or related to actual DESI products.

Examples of DESI Drugs include:
Midrin
Vytone
Anusol HC suppositories
Donnatal
Tigan
Naldecon

Prior Authorization (PA)

To ensure that select medications are utilized appropriately, Prior Authorization may be required for the dispensing of specific products. These medications may require Prior Authorization for the following reasons:

- Non-formulary medications, or benefit exceptions required by medical necessity
- All brand name medications when there is an A-rated generic equivalent available
- Medications and/or treatments under clinical investigation
- Medications used for non-FDA approved indications
- Prescription costs that exceed $1000 per claim
- Prescriptions that exceed set plan limits (days' supply, quantity, cost)
- Prescriptions processed by non-network pharmacies
- New-to-market products
- High-end oral and self-administered injectable medications
- Medications with Health Partners Plans P&T Committee approved treatment guidelines

To request a prior authorization the physician or a member of his/her staff should contact Health Partners Plans either by fax at 866-240-3712, or phone at 215-991-4300. All non-emergency requests can be faxed 24 hours per day; calls should be placed from 9:00 A.M. to 6:00 P.M., Monday through Friday.

In the event of an immediate need after business hours, the call should be made to Health Partners Plans CHIP Member Relations at **1-888-888-1212**. The call will be evaluated and routed to a pharmacist-on-call.

The physician may use the Health Partners Plans Prior Authorization/Medical Exception form or a letter of request, *but must include the following information* for quick and appropriate review to take place:

- Name and recipient number of member
- Date of birth of member
- Physician's name, license number, and specialty
- Physician's phone and fax numbers
- Name of primary care physician if different
- Drug name, strength, and quantity of medication
- Days supply (duration of therapy) and number of refills
- Route of administration
- Diagnosis
- Medical rationale for request
- Formulary medications used, duration and therapy result
- Additional clinical information that may contribute to the review decision (e.g., labs)

Upon receiving the Prior Authorization/ Medical Exception Request from the prescriber, Health

Partners Plans will render a decision within 24 hours. The Medical Director will review each prior authorization request and make the final decision. After Medical Director review, the clinical pharmacist will prepare the request for the denial/approval letter. A denial letter will be mailed to the member or parent/guardian. A copy of the member denial letter is also faxed to the prescribing physician.

If the Prior Authorization/Medical Exception Request is denied, the prescriber can submit a written appeal to Health Partners Plans' Complaint & Grievance Unit explaining the medical necessity of the medical treatment in question. At any time during normal business hours, the prescribing physician can discuss the denial with a clinical pharmacist or can have a peer to peer discussion with the medical director.

Health Partners Plans Specialty and Injectable Medication Program

Health Partners Plans supports appropriate use of injectables and has established procedures for prescribing and suppliers. Under the direction of the Health Partners Plans Pharmacy department, the physician provider has the primary responsibility for obtaining Prior Authorization for medications included in this program. Call the Health Partners Plans Pharmacy department at 215-991-4300 for authorization on specialty medications.

The following specialty and injectable medications, although not limited to, can be obtained through the retail pharmacy benefit without prior authorization.

GENERIC NAME	BRAND NAME
ceftriaxone	Rocephin®
cyanocobalamin	Vitamin B-12
epinephrine	Epipen®, Epipen ® Jr.
fluphenazine decanoate	Prolixin Decanoate
glucagon	Glucagon
haloperidol decanoate	Haldol Decanoate
heparin sodium	Heparin
Insulin	
medroxyprogesterone acetate 150 mg only	Depo-Provera
methylprednisolone acetate	Depo-Medrol
methylprednisolone sod. succ.	Solu-Medrol
penicillin g benzathine	Bicillin L.A.
penicillin g potassium	Pfizerpen
sumatriptan	Imitrex
triamcinolone acetonide	Kenalog-40
fondaparinux sodium	Arixtra
enoxaparin sodium	Lovenox

Managed Drug Limitations (MDL)

The United States Food and Drug Administration (FDA) publishes guidelines on the safest and most efficient ways to use certain drugs. Many drug products on the Health Partners Plans CHIP Formulary have quantity limits based upon the dosage described in product labeling.

Drugs subject to quantity limits may change. Contact Health Partners Plans' Pharmacy department at 215-991-4300 for more information.

Step Therapy

Step therapy is a process that encourages the use of medications preferred by Health Partners Plans as the first course of treatment. If the preferred medication is not clinically effective or if the member suffers side effects, another medication may be approved as the second course of treatment.

Editor

Your comments and suggestions regarding the Health Partners Plans CHIP 2026 Formulary are encouraged. Your input is vital to this formulary's continued success. All responses will be reviewed and considered. Please send your comments to:

Attn: Pharmacy Director
Health Partners Plans
1101 Market Street, Suite 3000
Philadelphia, PA 19107
Phone: 215-991-4300
Internet: www.healthpartnersplans.com

Notice

The information contained in the Health Partners Plans CHIP Formulary and its appendices is provided by Health Partners Plans solely for the convenience of medical providers and our members. Health Partners Plans neither warrants nor assures accuracy of such information, nor is it intended to be comprehensive in nature. This formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his/her choice of prescription drugs. Health Partners Plans does not assume responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer product literature or standard references for more detailed information.

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Trade names are the intellectual property of the respective product owners.

LEGEND

1	Preferred	
2	Non-Preferred	
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.
PA	Prior Authorization	You (or your physician) are required to get prior authorization before you fill your prescription for this drug. Without prior approval, we may not cover this drug.
AL1	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
C	Custom	This drug has unique restrictions.
QLC	Quantity Limit (Custom)	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame.

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANALGESICS		
ANALGESICS, OTHER		
HYALGAN 20 MG/2ML SOLUTION	1	QL 20 / 180 days PA
TONMYA	2	
NONSTEROIDAL ANTI-INFLAMMATORY DRUGS		
advil 200 mg cap	2	
advil 200 mg tab	2	QL 360 / 30 days
advil liqui-gels minis	2	
aleve 220 mg cap	2	
aleve 220 mg tab	2	QL 90 / 30 days
aleve arthritis pain	2	QL 500 / 30 days
all day pain relief	1	QL 90 / 30 days
all day relief	1	QL 90 / 30 days
arthritis pain reliever 1 % gel	1	QL 500 / 30 days
ARTHROTEC	2	
aspirin 81 mg tab dr	1	
butalbital-aspirin-caffeine	1	PA QLC Max 18 tabs/caps per month
CAMBIA	2	
CELEBREX (CELEBREX 50 MG CAP, CELEBREX 100 MG CAP, CELEBREX 200 MG CAP)	2	QL 60 / 30 days
CELEBREX 400 MG CAP	2	QL 30 / 30 days
celecoxib (celecoxib 50 mg cap, celecoxib 100 mg cap, celecoxib 200 mg cap)	1	QL 60 / 30 days
celecoxib 400 mg cap	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
childrens advil	2	QL 60 mL / day(s)
childrens ibuprofen	1	QL 60 mL / day(s)
COXANTO	2	
cvs diclofenac sodium	1	QL 500 / 30 days
cvs ibuprofen 200 mg cap	1	
cvs ibuprofen childrens 100 mg chew tab	1	
cvs ibuprofen childrens 100 mg/5ml suspension	1	QL 60 mL / day(s)
cvs naproxen sodium 220 mg cap	1	
cvs naproxen sodium 220 mg tab	1	QL 90 / 30 days
DAYPRO	2	QL 90 / 30 days
DICLOFENAC	2	
diclofenac epolamine	2	
diclofenac potassium (diclofenac potassium 25 mg cap, diclofenac potassium 25 mg tab)	2	
diclofenac potassium 50 mg tab	2	QL 4 / 1 days
diclofenac potassium(migraine)	2	
diclofenac sodium (diclofenac sodium 25 mg tab dr, diclofenac sodium 50 mg tab dr)	1	QL 4 / 1 days
diclofenac sodium 1 % gel	1	QL 500 / 30 days
diclofenac sodium 1.5 % solution	1	
diclofenac sodium 2 % solution	2	
diclofenac sodium 75 mg tab dr	1	QL 60 / 30 days
diclofenac sodium er	2	QL 60 / 30 days
diclofenac-misoprostol	1	
diflunisal 500 mg tab	2	QL 90 / 30 days
DOLOBID	2	
DUEXIS	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ec-naproxen	1	QL 60 / 30 days
ELYXYB	2	
eq arthritis pain 1 % gel	1	QL 500 / 30 days
eq arthritis pain reliever	1	QL 500 / 30 days
eq ibuprofen childrens	1	QL 60 mL / day(s)
etodolac (etodolac 400 mg tab, etodolac 500 mg tab)	2	QL 60 / 30 days
etodolac 200 mg cap	2	QL 150 / 30 days
etodolac 300 mg cap	2	QL 90 / 30 days
etodolac er	2	
FELDENE	2	QL 30 / 30 days
FENOPROFEN CALCIUM (FENOPROFEN CALCIUM 200 MG CAP, FENOPROFEN CALCIUM 400 MG CAP)	2	
fenoprofen calcium 600 mg tab	2	QL 150 / 30 days
FENOPRON	2	
flanax	1	QL 90 / 30 days
FLECTOR	2	
flurbiprofen 100 mg tab	1	QL 90 / 30 days
ft all day pain relief	1	QL 90 / 30 days
ft arthritis pain	1	QL 500 / 30 days
ft ibuprofen 200 mg cap	1	
ft ibuprofen 200 mg tab	1	QL 360 / 30 days
ft ibuprofen childrens	1	QL 60 mL / day(s)
ft ibuprofen ib childrens	1	
ft ibuprofen minis	1	
ft naproxen sodium	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft pain relief 200 mg tab	1	QL 360 / 30 days
gnp arthritis pain	1	QL 500 / 30 days
gnp childrens ibuprofen	1	QL 60 mL / day(s)
gnp diclofenac sodium	1	QL 500 / 30 days
gnp ibuprofen 200 mg cap	1	
gnp ibuprofen 200 mg tab	1	QL 360 / 30 days
gnp ibuprofen childrens	1	
gnp ibuprofen infants	1	QL 15 / 7 days
gnp naproxen sodium 220 mg cap	1	
gnp naproxen sodium 220 mg tab	1	QL 90 / 30 days
goodsense arthritis pain 1 % gel	1	QL 500 / 30 days
goodsense ibuprofen 200 mg cap	1	
goodsense ibuprofen 200 mg tab	1	QL 360 / 30 days
goodsense ibuprofen childrens	1	QL 60 mL / day(s)
goodsense ibuprofen infants	1	QL 15 / 7 days
goodsense naproxen sodium	1	QL 90 / 30 days
hm ibuprofen 200 mg cap	1	
hm ibuprofen 200 mg tab	1	QL 360 / 30 days
hm ibuprofen childrens	1	QL 60 mL / day(s)
hm ibuprofen ib	1	QL 360 / 30 days
hm ibuprofen infants	1	QL 15 / 7 days
hm naproxen sodium 220 mg cap	1	
hm naproxen sodium 220 mg tab	1	QL 90 / 30 days
ibu 400 mg tab	1	QL 180 / 30 days
ibu 600 mg tab	1	QL 150 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ibu 800 mg tab	1	QL 4 / 1 days
ibuprofen (ibuprofen 100 mg/5ml suspension, ibuprofen 200 mg/10ml suspension)	1	QL 60 mL / day(s)
ibuprofen 200 mg cap	1	
ibuprofen 200 mg tab	1	QL 360 / 30 days
IBUPROFEN 300 MG TAB	2	
ibuprofen 400 mg tab	1	QL 180 / 30 days
ibuprofen 600 mg tab	1	QL 150 / 30 days
ibuprofen 800 mg tab	1	QL 4 / 1 days
ibuprofen childrens	1	QL 60 mL / day(s)
ibuprofen infants	1	QL 15 / 7 days
ibuprofen junior strength	1	
ibuprofen-famotidine	2	
iclofenac cp	2	
indocin (indocin 25 mg/5ml suspension, indocin 50 mg suppos)	2	
indomethacin (indomethacin 20 mg cap, indomethacin 25 mg/5ml suspension, indomethacin 50 mg suppos, indomethacin 100 mg suppos)	2	
indomethacin (indomethacin 25 mg cap, indomethacin 50 mg cap)	1	QL 4 / 1 days
indomethacin er	1	QL 90 / 30 days
infants ibuprofen	1	QL 15 / 7 days
KETOPROFEN (KETOPROFEN 25 MG CAP, KETOPROFEN 50 MG CAP, KETOPROFEN 75 MG CAP)	2	
ketoprofen er	2	QL 30 / 30 days
ketorolac tromethamine 10 mg tab	1	QLC 20 tablets per 90 days
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KIPROFEN	2	
kls arthritis pain relief	1	QL 500 / 30 days
kls diclofenac sodium	1	QL 500 / 30 days
LICART	2	
lofena	2	
LURBIPR	2	QL 90 / 30 days
meclofenamate sodium (meclofenamate sodium 50 mg cap, meclofenamate sodium 100 mg cap)	2	QL 4 / 1 days
mefenamic acid 250 mg cap	2	
meloxicam (meloxicam 5 mg cap, meloxicam 7.5 mg/5ml suspension, meloxicam 10 mg cap)	2	
meloxicam 15 mg tab	1	QL 30 / 30 days PA
meloxicam 7.5 mg tab	1	QL 60 / 30 days
MOBIC 15 MG TAB	2	QL 30 / 30 days
MOBIC 7.5 MG TAB	2	QL 60 / 30 days
nabumetone 500 mg tab	1	QL 4 / 1 days
nabumetone 750 mg tab	1	QL 60 / 30 days
NALFON	2	
NAPRELAN	2	
NAPROSYN 125 MG/5ML SUSPENSION	2	
naproxen (naproxen 250 mg tab, naproxen 500 mg tab)	1	QL 90 / 30 days
naproxen (naproxen 375 mg tab dr, naproxen 500 mg tab dr)	1	QL 60 / 30 days
naproxen 125 mg/5ml suspension	2	QL 1800 / 30 days
naproxen 375 mg tab	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
naproxen dr	1	QL 60 / 30 days
naproxen sodium (naproxen sodium 220 mg tab, naproxen sodium 275 mg tab, naproxen sodium 550 mg tab)	1	QL 90 / 30 days
naproxen sodium 220 mg cap	1	
naproxen sodium er	2	
naproxen-esomeprazole mg	2	
ORUDIS	2	
OXAPROZIN 300 MG CAP	2	
oxaprozin 600 mg tab	2	QL 90 / 30 days
PENNSAID	2	
piroxicam (piroxicam 10 mg cap, piroxicam 20 mg cap)	1	QL 30 / 30 days
qc childrens ibuprofen	1	QL 60 mL / day(s)
qc diclofenac sodium	1	QL 500 / 30 days
qc ibuprofen 200 mg cap	1	
qc ibuprofen 200 mg tab	1	QL 360 / 30 days
qc naproxen sodium 220 mg tab	1	QL 90 / 30 days
relafen 500 mg tab	2	QL 4 / 1 days
relafen 750 mg tab	2	QL 60 / 30 days
RELAFEN DS	2	
sm arthritis pain	1	QL 500 / 30 days
sm childrens ibuprofen	1	QL 60 mL / day(s)
sm ibuprofen 200 mg cap	1	
sm ibuprofen 200 mg tab	1	QL 360 / 30 days
sm ibuprofen ib 100 mg chew tab	1	
sm ibuprofen ib 200 mg tab	1	QL 360 / 30 days
sm ibuprofen ib childrens	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm infants ibuprofen	1	QL 15 / 7 days
sm naproxen sodium	1	QL 90 / 30 days
SPRIX	2	
sulindac (sulindac 150 mg tab, sulindac 200 mg tab)	1	QL 60 / 30 days
TIVORBEX	2	
TOLECTIN 600	2	
TOLMETIN SODIUM	2	
VIMOVO	2	
voltaren arthritis pain	2	QL 500 / 30 days
VYSCOXA	2	
ziclopro	2	
ZIPSOR	2	
ZORVOLEX	2	
ZYBIC	2	
OPIOID ANALGESICS, LONG-ACTING		
buprenorphine	1	QL 4 / 28 days PA
BUTRANS	2	QL 4 / 28 days PA
CONZIP	2	QL 30 / 30 days PA AL1 At least 18 yrs old
DSUVIA	2	C Opioid safety limits apply
fentanyl (fentanyl 12 mcg/hr patch 72hr, fentanyl 25 mcg/hr patch 72hr, fentanyl 50 mcg/hr patch 72hr, fentanyl 75 mcg/hr patch 72hr, fentanyl 100 mcg/hr patch 72hr)	1	QL 10 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fentanyl (fentanyl 37.5 mcg/hr patch 72hr, fentanyl 62.5 mcg/hr patch 72hr, fentanyl 87.5 mcg/hr patch 72hr)	2	QL 10 / 30 days PA
HYDROCODONE BITARTRATE ER (HYDROCODONE BITARTRATE ER 10 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 15 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 20 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 20 MG TB24 DETER, HYDROCODONE BITARTRATE ER 30 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 30 MG TB24 DETER, HYDROCODONE BITARTRATE ER 40 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 40 MG TB24 DETER, HYDROCODONE BITARTRATE ER 50 MG CAP ER 12H, HYDROCODONE BITARTRATE ER 60 MG TB24 DETER, HYDROCODONE BITARTRATE ER 80 MG TB24 DETER, HYDROCODONE BITARTRATE ER 100 MG TB24 DETER, HYDROCODONE BITARTRATE ER 120 MG TB24 DETER)	2	PA
hydromorphone hcl er	2	QL 30 / 30 days PA
HYSINGLA ER	2	PA
levorphanol tartrate (levorphanol tartrate 2 mg tab, levorphanol tartrate 3 mg tab)	2	C Opioid safety limits apply
methadone hcl (methadone hcl 5 mg tab, methadone hcl 5 mg/5ml solution, methadone hcl 10 mg tab, methadone hcl 10 mg/5ml solution, methadone hcl 10 mg/ml conc)	2	PA
methadone hcl intensol	2	PA
METHADOSE 10 MG/ML CONC	2	PA
METHADOSE SUGAR-FREE	2	PA
morphine sulfate er (morphine sulfate er 10 mg cap er 24h, morphine sulfate er 20 mg cap er 24h)	1	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
morphine sulfate er (morphine sulfate er 15 mg tab er, morphine sulfate er 30 mg tab er, morphine sulfate er 60 mg tab er, morphine sulfate er 100 mg tab er, morphine sulfate er 200 mg tab er)	1	QL 3 / 1 days PA
morphine sulfate er (morphine sulfate er 30 mg cap er 24h, morphine sulfate er 50 mg cap er 24h, morphine sulfate er 60 mg cap er 24h, morphine sulfate er 80 mg cap er 24h, morphine sulfate er 100 mg cap er 24h)	1	QL 30 / 30 days PA
morphine sulfate er beads	2	QL 30 / 30 days PA
MS CONTIN	2	QL 3 / 1 days PA
NUCYNTA ER	2	QL 60 / 30 days PA
OXYCODONE HCL ER (OXYCODONE HCL ER 10 MG TB12 DETER, OXYCODONE HCL ER 20 MG TB12 DETER, OXYCODONE HCL ER 40 MG TB12 DETER)	1	PA
oxycodone hcl er (oxycodone hcl er 10 mg tb12 deter, oxycodone hcl er 20 mg tb12 deter, oxycodone hcl er 40 mg tb12 deter, oxycodone hcl er 80 mg tb12 deter)	1	QL 2 / 1 days PA
OXYCONTIN (OXYCONTIN 10 MG TB12 DETER, OXYCONTIN 20 MG TB12 DETER, OXYCONTIN 40 MG TB12 DETER)	1	PA
OXYCONTIN (OXYCONTIN 15 MG TB12 DETER, OXYCONTIN 30 MG TB12 DETER, OXYCONTIN 60 MG TB12 DETER, OXYCONTIN 80 MG TB12 DETER)	1	QL 2 / 1 days PA
oxymorphone hcl er	2	PA
tramadol hcl (er biphasic)	2	QL 30 / 30 days PA AL1 At least 18 yrs old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tramadol hcl er (tramadol hcl er 100 mg cap er 24h, tramadol hcl er 200 mg cap er 24h, tramadol hcl er 300 mg cap er 24h)	2	QL 30 / 30 days PA AL1 At least 18 yrs old
tramadol hcl er (tramadol hcl er 100 mg tab er 24h, tramadol hcl er 200 mg tab er 24h, tramadol hcl er 300 mg tab er 24h)	1	QL 30 / 30 days PA AL1 At least 18 yrs old
xyvona	2	C Opioid safety limits apply
OPIOID ANALGESICS, SHORT-ACTING		
acetaminophen-codeine (acetaminophen-codeine 120-12 mg/5ml solution, acetaminophen-codeine 300-30 mg/12.5ml solution)	1	AL1 At least 18 yrs old C Opioid safety limits apply
acetaminophen-codeine 300-15 mg tab	1	QL 13 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
acetaminophen-codeine 300-30 mg tab	1	QL 12 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
acetaminophen-codeine 300-60 mg tab	1	QL 6 / 1 days AL1 At least 18 yrs old C Opioid safety limits apply
ACTIQ	2	C Opioid safety limits apply
APADAZ	2	C Opioid safety limits apply
apap-caff-dihydrocodeine (apap-caff-dihydrocodeine 320.5-30-16 mg cap, apap-caff-dihydrocodeine 325-30-16 mg tab)	2	C Opioid safety limits apply
ascomp-codeine	2	AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month
BENZHYDROCODONE-ACETAMINOPHEN	1	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
butalbital-apap-caff-cod	2	AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month
butalbital-asa-caff-codeine	2	AL1 At least 18 yrs old C Opioid safety limits apply QLC Max 18 tabs/caps per month
butorphanol tartrate 10 mg/ml solution	2	C Opioid safety limits apply
carisoprodol-aspirin-codeine	2	QL 90 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
codeine sulfate (codeine sulfate 15 mg tab, codeine sulfate 30 mg tab, codeine sulfate 60 mg tab)	2	C Opioid safety limits apply
DILAUDID (DILAUDID 1 MG/ML LIQUID, DILAUDID 2 MG TAB, DILAUDID 4 MG TAB, DILAUDID 8 MG TAB)	2	C Opioid safety limits apply
endocet (endocet 5-325 mg tab, endocet 7.5-325 mg tab)	1	QL 12 / 1 days C Opioid safety limits apply
endocet 10-325 mg tab	1	C Opioid safety limits apply
FENTANYL CITRATE (FENTANYL CITRATE 100 MCG TAB, FENTANYL CITRATE 200 MCG LOZ HANDLE, FENTANYL CITRATE 200 MCG TAB, FENTANYL CITRATE 400 MCG LOZ HANDLE, FENTANYL CITRATE 400 MCG TAB, FENTANYL CITRATE 600 MCG LOZ HANDLE, FENTANYL CITRATE 600 MCG TAB, FENTANYL CITRATE 800 MCG LOZ HANDLE, FENTANYL CITRATE 800 MCG TAB, FENTANYL CITRATE 1200 MCG LOZ HANDLE, FENTANYL CITRATE 1600 MCG LOZ HANDLE)	2	C Opioid safety limits apply
FENTORA	2	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydrocodone-acetaminophen (hydrocodone-acetaminophen 2.5-108 mg/5ml solution, hydrocodone-acetaminophen 5-217 mg/10ml solution, hydrocodone-acetaminophen 5-300 mg tab, hydrocodone-acetaminophen 7.5-300 mg tab, hydrocodone-acetaminophen 7.5-325 mg/15ml solution, hydrocodone-acetaminophen 10-300 mg tab)	1	C Opioid safety limits apply
HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION	2	C Opioid safety limits apply
hydrocodone-acetaminophen 10-325 mg tab	1	QL 6 / 1 days C Opioid safety limits apply
HYDROCODONE-ACETAMINOPHEN 2.5-325 MG TAB	1	
hydrocodone-acetaminophen 5-325 mg tab	1	QL 12 / 1 days C Opioid safety limits apply
hydrocodone-acetaminophen 7.5-325 mg tab	1	QL 240 / 30 days C Opioid safety limits apply
hydrocodone-ibuprofen (hydrocodone-ibuprofen 5-200 mg tab, hydrocodone-ibuprofen 10-200 mg tab)	2	C Opioid safety limits apply
hydrocodone-ibuprofen 7.5-200 mg tab	2	QL 5 / 1 days C Opioid safety limits apply
HYDROMORPHONE HCL (HYDROMORPHONE HCL 1 MG/ML LIQUID, HYDROMORPHONE HCL 2 MG TAB, HYDROMORPHONE HCL 3 MG SUPPOS, HYDROMORPHONE HCL 4 MG TAB, HYDROMORPHONE HCL 8 MG TAB)	2	C Opioid safety limits apply
LORTAB	2	C Opioid safety limits apply
MEPERIDINE HCL (MEPERIDINE HCL 50 MG TAB, MEPERIDINE HCL 50 MG/5ML SOLUTION)	2	C Opioid safety limits apply
morphine sulfate (concentrate)	1	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
morphine sulfate (morphine sulfate 10 mg/5ml solution, morphine sulfate 15 mg tab, morphine sulfate 20 mg/5ml solution, morphine sulfate 30 mg tab)	1	C Opioid safety limits apply
MORPHINE SULFATE (MORPHINE SULFATE 5 MG SUPPOS, MORPHINE SULFATE 10 MG SUPPOS, MORPHINE SULFATE 20 MG SUPPOS, MORPHINE SULFATE 30 MG SUPPOS)	2	C Opioid safety limits apply
NALOCET	2	C Opioid safety limits apply
NUCYNTA	2	C Opioid safety limits apply
OXAYDO	2	C Opioid safety limits apply
oxycodone hcl (oxycodone hcl 5 mg cap, oxycodone hcl 100 mg/5ml conc)	2	C Opioid safety limits apply
OXYCODONE HCL (OXYCODONE HCL 5 MG TAB DETER, OXYCODONE HCL 15 MG TAB DETER, OXYCODONE HCL 30 MG TAB DETER)	1	
oxycodone hcl (oxycodone hcl 5 mg tab, oxycodone hcl 5 mg/5ml solution, oxycodone hcl 10 mg tab, oxycodone hcl 15 mg tab, oxycodone hcl 20 mg tab, oxycodone hcl 30 mg tab)	1	C Opioid safety limits apply
oxycodone-acetaminophen (oxycodone-acetaminophen 2.5-325 mg tab, oxycodone-acetaminophen 5-325 mg tab, oxycodone-acetaminophen 7.5-325 mg tab)	1	QL 12 / 1 days C Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN (OXYCODONE-ACETAMINOPHEN 5-300 MG TAB, OXYCODONE-ACETAMINOPHEN 7.5-300 MG TAB, OXYCODONE-ACETAMINOPHEN 10-300 MG TAB, OXYCODONE-ACETAMINOPHEN 10-325 MG TAB)	1	C Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN 10-300 MG/5ML SOLUTION	2	
OXYCODONE-ACETAMINOPHEN 2.5-300 MG TAB	2	C Opioid safety limits apply
OXYCODONE-ACETAMINOPHEN 5-325 MG/5ML SOLUTION	1	
oxymorphone hcl (oxymorphone hcl 5 mg tab, oxymorphone hcl 10 mg tab)	2	C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pentazocine-naloxone hcl	2	QL 360 / 30 days C Opioid safety limits apply
PERCOCET (PERCOCET 2.5-325 MG TAB, PERCOCET 5-325 MG TAB, PERCOCET 7.5-325 MG TAB)	2	QL 12 / 1 days C Opioid safety limits apply
PERCOCET 10-325 MG TAB	2	C Opioid safety limits apply
PROLATE (PROLATE 5-300 MG TAB, PROLATE 7.5-300 MG TAB, PROLATE 10-300 MG TAB)	2	C Opioid safety limits apply
PROLATE 10-300 MG/5ML SOLUTION	2	
QDOLO	2	AL1 At least 18 yrs old C Opioid safety limits apply
ROXICODONE	2	C Opioid safety limits apply
ROXYBOND	2	
SEGLENTIS	2	AL1 At least 18 yrs old C Opioid safety limits apply
SUBSYS	2	C Opioid safety limits apply
tapentadol hcl	2	
tramadol hcl (tramadol hcl 5 mg/ml solution, tramadol hcl 25 mg tab)	2	AL1 At least 18 yrs old C Opioid safety limits apply
tramadol hcl (tramadol hcl 50 mg tab, tramadol hcl 100 mg tab)	1	AL1 At least 18 yrs old C Opioid safety limits apply
tramadol hcl 75 mg tab	2	
tramadol-acetaminophen	1	QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
ULTRACET	2	QL 240 / 30 days AL1 At least 18 yrs old C Opioid safety limits apply
ULTRAM	2	AL1 At least 18 yrs old C Opioid safety limits apply

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANESTHETICS		
LOCAL ANESTHETICS		
AGONEAZE	2	QL 150 / 30 days
anecream 4 % kit	2	
anlido 24	2	
anodyne lpt	2	QL 150 / 30 days
APRIZIO PAK	2	
APRIZIO PAK II	2	
aspercreme lidocaine (aspercreme lidocaine 4 % cream, aspercreme lidocaine 4 % liquid, aspercreme lidocaine 4 % patch)	2	
aspercreme lidocaine essential	2	
aspercreme w/lidocaine	2	
asperflex lidocaine 4 % cream	1	
ASPERFLEX LIDOCAINE 4 % OINTMENT	2	
asperflex max st	1	
asperflex pain relieving	1	
blue tube/ aloe	1	
blue-emu pain relief dry	1	
cinthera	2	
cvs lidocaine maximum strength (cvs lidocaine maximum strength 4 % cream, cvs lidocaine maximum strength 4 % liquid)	1	
cvs lidocaine pain relief 4 % cream	1	
cvs lidocaine pain relief 4 % patch	2	
cvs lidocaine pain relief maxs 4 % cream	1	
cvs lidocaine pain-relieving	1	
cvs pain relief (cvs pain relief 4 % cream, cvs pain relief 4 % patch)	1	
DERMACINRX LIDOCAINE 3 % CREAM	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DERMACINRX LIDOGEL	2	
DERMALID	2	
dologesic pain relief roll-on	1	
EMPRICAINE-II	2	
EMREAL	2	
eq lidocaine pain relieving	1	
first care pain relief	1	
ft pain relief max strength	1	
GEN7T PLUS 3.5-7 % PATCH	2	
glydo	1	AL1 At least 3 yrs old
gnp lidocaine pain relief	1	
gnp lidocaine pain relieving	1	
gold bond multi-symptom	2	
gold bond pain & itch relief	2	
hm lidocaine patch	1	
jelcaine sterile	2	
LIDAFLEX	2	
lido king	1	
LIDOCAINE (LIDOCAINE 3 % CREAM, LIDOCAINE 4 % CREAM, LIDOCAINE 4 % PATCH)	1	
lidocaine (lidocaine 5 % ointment, lidocaine 5 % patch)	1	QL 90 / 30 days
lidocaine 3.5 % patch	2	
lidocaine hcl (lidocaine hcl 1 % solution, lidocaine hcl 3 % cream, lidocaine hcl 4 % cream, lidocaine hcl 4 % solution)	1	
lidocaine hcl (pf) 1 % solution	1	
LIDOCAINE HCL 1 % SOLUTION	2	
lidocaine hcl urethral/mucosal	1	AL1 At least 3 yrs old
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lidocaine max st 24 hours	1	
lidocaine pain relief	1	
lidocaine pain relief max st (lidocaine pain relief max st 4 % cream, lidocaine pain relief max st 4 % liquid, lidocaine pain relief max st 4 % patch)	1	
lidocaine pain relieving	1	
lidocaine plus	1	
lidocaine viscous hcl	1	AL1 At least 3 yrs old
lidocaine-prilocaine 2.5-2.5 % cream	1	QL 150 / 30 days
lidocaine-prilocaine 2.5-2.5 % kit	2	QL 150 / 30 days
LIDOCAINE-TETRACAINE	2	
lidocaine-transparent dressing	2	
lidocan	2	QL 90 / 30 days
lidocare arm/neck/leg	1	
lidocare back/shoulder	1	
lidocore 4 % patch	1	
LIDODERM	2	QL 90 / 30 days
lidofore flexipatch	1	
lidoguard (lidoguard 4 % cream, lidoguard 4 % patch)	1	
lidoheal-90	2	
LIDOLITE	2	
lidopril	2	QL 150 / 30 days
lidopril xr	2	QL 150 / 30 days
LIDOREAL-30	2	
LIDOREX	2	
LIDOSOL	2	
LIDOSOL-50	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LIDOTOR	2	
LIDOTRAL 3.88 % CREAM	2	
lidozall	2	
lidozall plus	2	
LIDOZO	1	
LIDTOPIC	2	
LIVIXIL PAK	2	QL 150 / 30 days
lmx 4 plus	2	
moxicaine	2	
pain relief maximum strength	1	
pharmacist choice lidocaine	1	
PLIAGLIS 7-7 % CREAM	2	
PRILO PATCH II	2	
PRILOHEAL PLUS 30	2	
prilolid	2	QL 150 / 30 days
PRILOVIX	2	QL 150 / 30 days
prilovix lite	2	QL 150 / 30 days
prilovix lite plus	2	QL 150 / 30 days
PRILOVIX PLUS	2	QL 150 / 30 days
PRILOVIXIL	2	
PRIZOPAK II	2	
re-lieved maximum strength 4 % patch	2	
REAL HEAL-I	2	
relador pak	2	QL 150 / 30 days
relador pak plus	2	QL 150 / 30 days
salonpas pain relieving	1	
SKYADERM-LP	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYNERA	2	
TETRI-AG	2	
theraworx pm pain relf roll-on	1	
tridacaine ii	2	QL 90 / 30 days
tridacaine iii	2	QL 90 / 30 days
TRILOGEL	2	
true lido	1	
VALLADERM-90	2	
ziloval	2	
ZIONODIL	2	
ZIONODIL 100	2	
ZTLIDO	2	
ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS		
ALCOHOL DETERRENTS/ANTI-CRAVING		
acamprosate calcium	1	
disulfiram (disulfiram 250 mg tab, disulfiram 500 mg tab)	1	
naltrexone hcl 50 mg tab	1	
VIVITROL	1	QL 1 / 28 days
OPIOID DEPENDENCE		
BELBUCA	1	QL 60 / 30 days PA
BRIXADI	1	
BRIXADI (WEEKLY)	1	
buprenorphine hcl (buprenorphine hcl 2 mg sl tab, buprenorphine hcl 8 mg sl tab)	1	
buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 2-0.5 mg film, buprenorphine hcl-naloxone hcl 2-0.5 mg sl tab, buprenorphine hcl-naloxone hcl 4-1 mg film)	1	QL 120 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
buprenorphine hcl-naloxone hcl (buprenorphine hcl-naloxone hcl 8-2 mg film, buprenorphine hcl-naloxone hcl 8-2 mg sl tab, buprenorphine hcl-naloxone hcl 12-3 mg film)	1	
lofexidine hcl	2	
LUCEMYRA	2	QL 16 / 1 days
SUBLOCADE 100 MG/0.5ML SOLN PRSYR	1	QLC 0.02 mL/day
SUBLOCADE 300 MG/1.5ML SOLN PRSYR	1	QLC 0.06 mL/day
SUBOXONE (SUBOXONE 2-0.5 MG FILM, SUBOXONE 4-1 MG FILM)	2	QL 120 / 30 day(s)
SUBOXONE (SUBOXONE 8-2 MG FILM, SUBOXONE 12-3 MG FILM)	2	
ZUBSOLV (ZUBSOLV 0.7-0.18 MG SL TAB, ZUBSOLV 1.4-0.36 MG SL TAB)	2	QL 90 / 30 day(s)
ZUBSOLV (ZUBSOLV 2.9-0.71 MG SL TAB, ZUBSOLV 5.7-1.4 MG SL TAB)	2	QL 30 / 30 day(s)
ZUBSOLV (ZUBSOLV 8.6-2.1 MG SL TAB, ZUBSOLV 11.4-2.9 MG SL TAB)	2	
OPIOID REVERSAL AGENTS		
ft naloxone hcl	1	
KLOXXADO	1	
naloxone hcl (naloxone hcl 0.4 mg/ml soln cart, naloxone hcl 0.4 mg/ml soln prsyr, naloxone hcl 0.4 mg/ml solution, naloxone hcl 2 mg/2ml soln prsyr, naloxone hcl 4 mg/0.1ml liquid, naloxone hcl 4 mg/10ml solution)	1	
naloxone hcl 4 mg/0.1ml nasal spray	1	
narcan	1	
OPVEE	1	
REXTOVY	1	
ZIMHI	1	
ZURNAI	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SMOKING CESSATION AGENTS		
bupropion hcl er (smoking det)	1	QL 60 / 30 days
CHANTIX 0.5 MG TAB	1	
CHANTIX 1 MG TAB	1	QL 2 / 1 day(s)
CHANTIX CONTINUING MONTH PAK	1	QL 2 / 1 day(s)
CHANTIX STARTING MONTH PAK	1	
cvs nicotine (cvs nicotine 2 mg gum, cvs nicotine 4 mg gum)	1	QL 24 / 1 days
cvs nicotine polacrilex	1	QL 24 / 1 days
eq nicotine 4 mg gum	1	QL 24 / 1 days
eq nicotine polacrilex	1	QL 24 / 1 days
ft nicotine (ft nicotine 2 mg gum, ft nicotine 2 mg lozenge, ft nicotine 4 mg gum, ft nicotine 4 mg lozenge)	1	QL 24 / 1 days
ft nicotine (ft nicotine 7 mg/24hr patch 24hr, ft nicotine 14 mg/24hr patch 24hr, ft nicotine 21 mg/24hr patch 24hr)	1	QL 1 / 1 days
ft nicotine mini	1	QL 24 / 1 days
gnp nicotine (gnp nicotine 2 mg gum, gnp nicotine 4 mg gum)	1	QL 24 / 1 days
gnp nicotine (gnp nicotine 7 mg/24hr patch 24hr, gnp nicotine 14 mg/24hr patch 24hr, gnp nicotine 21 mg/24hr patch 24hr)	1	QL 1 / 1 days
gnp nicotine mini	1	QL 24 / 1 days
gnp nicotine polacrilex	1	QL 24 / 1 days
goodsense nicotine	1	QL 24 / 1 days
hm nicotine	1	QL 1 / 1 days
hm nicotine polacrilex	1	QL 24 / 1 days
kls quit2 2 mg lozenge	1	QL 24 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
kls quit4 4 mg lozenge	1	QL 24 / 1 days
nicoderm cq	2	QL 1 / 1 days
nicorette	2	QL 24 / 1 days
NICORETTE 4 MG GUM	2	
nicorette mini	2	QL 24 / 1 days
NICORETTE MINI 4 MG LOZENGE	2	
nicorette starter kit	2	QL 24 / 1 days
nicotine (nicotine 7 mg/24hr patch 24hr, nicotine 14 mg/24hr patch 24hr, nicotine 21 mg/24hr patch 24hr)	1	QL 1 / 1 days
NICOTINE 21-14-7 MG/24HR KIT	2	QL 1 / 1 days
nicotine mini	1	QL 24 / 1 days
nicotine polacrilex (nicotine polacrilex 2 mg gum, nicotine polacrilex 2 mg lozenge, nicotine polacrilex 4 mg gum, nicotine polacrilex 4 mg lozenge)	1	QL 24 / 1 days
nicotine polacrilex mini	1	QL 24 / 1 days
nicotine step 1	1	QL 1 / 1 days
nicotine step 2	1	QL 1 / 1 days
nicotine step 3	1	QL 1 / 1 days
NICOTROL	2	QL 168 / 30 days
NICOTROL NS	2	QL 60 / 30 days
qc nicotine transdermal system	1	QL 1 / 1 days
sm nicotine (sm nicotine 2 mg lozenge, sm nicotine 4 mg gum)	1	QL 24 / 1 days
sm nicotine (sm nicotine 7 mg/24hr patch 24hr, sm nicotine 14 mg/24hr patch 24hr, sm nicotine 21 mg/24hr patch 24hr)	1	QL 1 / 1 days
sm nicotine polacrilex	1	QL 24 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
varenicline tartrate (starter)	1	
varenicline tartrate 0.5 mg tab	1	
varenicline tartrate 1 mg tab	1	QL 2 / 1 day(s)
varenicline tartrate(continue)	1	QL 2 / 1 day(s)
ANTIBACTERIALS		
AMINOGLYCOSIDES		
ARIKAYCE	2	QLC 8.4 mL/day
gentamicin sulfate (gentamicin sulfate 0.1 % cream, gentamicin sulfate 0.1 % ointment)	1	
HUMATIN	2	
neomycin sulfate 500 mg tab	1	QL 8 / 1 days
ANTIBACTERIALS, OTHER		
bacitracin 500 unit/gm ointment	1	QL 30 / 10 days QLC 7 grams per fill
bacitracin zinc 500 unit/gm ointment	1	
bacitracin zinc-aloe	1	
BLUJEPA	2	
CLEOCIN 100 MG SUPPOS	1	
CLEOCIN 2 % CREAM	2	
clindamycin hcl 150 mg cap	1	QL 12 / 1 days
clindamycin hcl 300 mg cap	1	QL 6 / 1 days
clindamycin hcl 75 mg cap	1	
clindamycin palmitate hcl	1	QL 120 / 1 days
clindamycin phosphate 2 % cream	1	
CLINDESSE	1	
cvs bacitracin	1	QL 30 / 10 days
FIRVANQ	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLAGYL	2	
fosfomycin tromethamine	2	
ft antibiotic	1	
gnp bacitracin zinc	1	
hm bacitracin zinc	1	
HYOPHEN	2	
linezolid 100 mg/5ml recon susp	1	QL 60 / 1 day(s)
linezolid 600 mg tab	1	QL 60 / 30 day(s)
MACROBID	2	QL 2 / 1 days
MACRODANTIN (MACRODANTIN 50 MG CAP, MACRODANTIN 100 MG CAP)	2	
MACRODANTIN 25 MG CAP	2	QL 2 / 1 days
MB CAPS	2	
ME/NAPHOS/MB/HYO1	2	
methenamine hippurate	1	
METHENAMINE MANDELATE (METHENAMINE MANDELATE 0.5 GM TAB, METHENAMINE MANDELATE 1 GM TAB)	2	
metronidazole (metronidazole 0.75 % cream, metronidazole 0.75 % gel)	1	QL 45 / 26 days
metronidazole (metronidazole 125 mg tab, metronidazole 375 mg cap)	2	
metronidazole 250 mg tab	1	QL 120 / 30 days
metronidazole 500 mg tab	1	QL 4 / 1 days
MONUROL	2	
nitrofurantoin (nitrofurantoin 25 mg/5ml suspension, nitrofurantoin 50 mg/10ml suspension)	2	QL 2700 / 30 days
NITROFURANTOIN 50 MG/5ML SUSPENSION	2	QL 40 / 1 days C No PA required for children under 9 years of age

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nitrofurantoin macrocrystal (nitrofurantoin macrocrystal 50 mg cap, nitrofurantoin macrocrystal 100 mg cap)	1	QL 4 / 1 days
nitrofurantoin macrocrystal 25 mg cap	1	QL 2 / 1 days
nitrofurantoin monohyd macro	1	QL 2 / 1 days
NUVESSA	2	
phosphasal	2	
rosadan (rosadan 0.75 % cream, rosadan 0.75 % gel)	1	QL 45 / 26 days
sm antibiotic	1	
SOLOSEC	2	
tinidazole (tinidazole 250 mg tab, tinidazole 500 mg tab)	1	QL 4 / 1 days
URELLE	2	
URETRON D/S	2	
URIBEL 81.6 MG TAB	2	
URIMAR-T	2	
urin ds	2	
URNEVA	2	
uro-458	2	
URO-MP	2	
uro-sp	2	
UROGESIC-BLUE	2	
ustell	2	
utira-c	2	
VANCOCIN	2	
vancomycin hcl (vancomycin hcl 25 mg/ml recon soln, vancomycin hcl 50 mg/ml recon soln, vancomycin hcl 125 mg cap, vancomycin hcl 250 mg cap)	1	
vancomycin hcl 250 mg/5ml recon soln	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VANDAZOLE	2	QL 70 / days
VILEVEV MB	2	
XACIATO	2	
XIFAXAN	2	PA
BETA-LACTAM, CEPHALOSPORINS		
cefaclor (cefaclor 125 mg/5ml recon susp, cefaclor 250 mg/5ml recon susp, cefaclor 375 mg/5ml recon susp)	2	
cefaclor (cefaclor 250 mg cap, cefaclor 500 mg cap)	2	QL 4 / 1 days
CEFACLOR ER	2	QL 2 / 1 days
cefadroxil 1 gm tab	2	QL 2 / 1 days
cefadroxil 250 mg/5ml recon susp	2	QLC 10 mL/day
cefadroxil 500 mg cap	1	QL 8 / 1 days
cefadroxil 500 mg/5ml recon susp	2	QLC 20 mL/day
cefdinir (cefdinir 125 mg/5ml recon susp, cefdinir 250 mg/5ml recon susp)	1	QL 12 / 1 days
cefdinir 300 mg cap	1	QL 2 / 1 days
cefixime (cefixime 100 mg/5ml recon susp, cefixime 200 mg/5ml recon susp, cefixime 400 mg tab)	2	
cefixime 400 mg cap	1	
cefpodoxime proxetil (cefpodoxime proxetil 50 mg/5ml recon susp, cefpodoxime proxetil 100 mg/5ml recon susp)	2	QL 40 / 1 days
cefpodoxime proxetil 100 mg tab	1	QL 3 / 1 days
cefpodoxime proxetil 200 mg tab	1	QL 4 / 1 days
cefprozil (cefprozil 125 mg/5ml recon susp, cefprozil 250 mg/5ml recon susp)	1	QL 10 / 1 days
cefprozil (cefprozil 250 mg tab, cefprozil 500 mg tab)	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ceftriaxone sodium (ceftriaxone sodium 1 gm recon soln, ceftriaxone sodium 2 gm recon soln, ceftriaxone sodium 250 mg recon soln, ceftriaxone sodium 500 mg recon soln)	1	QL 2 / 1 days
ceftriaxone sodium 10 gm recon soln	1	QL 1 / 1 days
cefuroxime axetil	1	QL 2 / 1 days
cephalexin (cephalexin 125 mg/5ml recon susp, cephalexin 250 mg/5ml recon susp)	1	QL 80 / 1 days
cephalexin (cephalexin 250 mg cap, cephalexin 500 mg cap)	1	QL 8 / 1 days
cephalexin (cephalexin 250 mg tab, cephalexin 500 mg tab, cephalexin 750 mg cap)	2	
SUPRAX (SUPRAX 100 MG/5ML RECON SUSP, SUPRAX 400 MG CAP)	2	
BETA-LACTAM, PENICILLINS		
amoxicillin (amoxicillin 125 mg chew tab, amoxicillin 125 mg/5ml recon susp, amoxicillin 200 mg/5ml recon susp, amoxicillin 250 mg cap, amoxicillin 250 mg chew tab, amoxicillin 250 mg/5ml recon susp, amoxicillin 400 mg/5ml recon susp, amoxicillin 500 mg cap, amoxicillin 500 mg tab, amoxicillin 875 mg tab)	1	
amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg chew tab, amoxicillin-pot clavulanate 250-62.5 mg/5ml recon susp, amoxicillin-pot clavulanate 400-57 mg chew tab)	2	
amoxicillin-pot clavulanate (amoxicillin-pot clavulanate 200-28.5 mg/5ml recon susp, amoxicillin-pot clavulanate 250-125 mg tab, amoxicillin-pot clavulanate 400-57 mg/5ml recon susp, amoxicillin-pot clavulanate 500-125 mg tab, amoxicillin-pot clavulanate 600-42.9 mg/5ml recon susp, amoxicillin-pot clavulanate 875-125 mg tab)	1	
amoxicillin-pot clavulanate er	2	
ampicillin	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AUGMENTIN 125-31.25 MG/5ML RECON SUSP	2	
BICILLIN L-A 1200000 UNIT/2ML SUSP PRSYR	1	QL 4 / 365 days
BICILLIN L-A 2400000 UNIT/4ML SUSP PRSYR	1	QL 12 / 365 days
BICILLIN L-A 600000 UNIT/ML SUSP PRSYR	1	
dicloxacillin sodium	1	
penicillin g potassium	1	
penicillin g sodium	1	
penicillin v potassium (penicillin v potassium 125 mg/5ml recon soln, penicillin v potassium 250 mg tab, penicillin v potassium 250 mg/5ml recon soln, penicillin v potassium 500 mg tab)	1	
pfizerpen	1	
PIVYA	2	
CARBAPENEMS		
ORLYNVAH	2	
MACROLIDES		
azithromycin (azithromycin 100 mg/5ml recon susp, azithromycin 200 mg/5ml recon susp, azithromycin 250 mg tab, azithromycin 500 mg tab, azithromycin 600 mg tab)	1	
azithromycin 1 gm packet	1	QL 1 / 1 days
clarithromycin (clarithromycin 125 mg/5ml recon susp, clarithromycin 250 mg/5ml recon susp)	1	QL 20 / 1 days
clarithromycin 250 mg tab	1	QL 2 / 1 days
clarithromycin 500 mg tab	1	QL 3 / 1 days
clarithromycin er	2	QL 2 / 1 days
DIFICID (DIFICID 40 MG/ML RECON SUSP, DIFICID 200 MG TAB)	2	
e.e.s. 400	2	QL 10 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
E.E.S. GRANULES	2	
ery-tab	2	
ERYPED 200	2	
ERYPED 400	2	
ERYTHROCIN STEARATE	2	
erythromycin (erythromycin 250 mg tab dr, erythromycin 333 mg tab dr, erythromycin 500 mg tab dr)	2	
erythromycin base (erythromycin base 250 mg cp dr part, erythromycin base 250 mg tab, erythromycin base 500 mg tab)	2	QL 8 / 1 days
erythromycin base (erythromycin base 250 mg tab dr, erythromycin base 333 mg tab dr, erythromycin base 500 mg tab dr)	2	
erythromycin ethylsuccinate (erythromycin ethylsuccinate 200 mg/5ml recon susp, erythromycin ethylsuccinate 400 mg/5ml recon susp)	2	
erythromycin ethylsuccinate 400 mg tab	2	QL 10 / 1 days
fidaxomicin	2	
ZITHROMAX (ZITHROMAX 1 GM PACKET, ZITHROMAX 100 MG/5ML RECON SUSP, ZITHROMAX 200 MG/5ML RECON SUSP, ZITHROMAX 250 MG TAB, ZITHROMAX 500 MG TAB)	2	
ZITHROMAX TRI-PAK	2	
ZITHROMAX Z-PAK	2	
QUINOLONES		
BAXDELA 450 MG TAB	2	
besifloxacin hcl	2	
BESIVANCE	2	
CILOXAN (CILOXAN 0.3 % OINTMENT, CILOXAN 0.3 % SOLUTION)	2	
CIPRO (CIPRO 250 MG TAB, CIPRO 500 MG TAB)	2	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CIPRO (CIPRO 250 MG/5ML (5%) RECON SUSP, CIPRO 500 MG/5ML (10%) RECON SUSP)	1	QL 15 / 1 days
ciprofloxacin 250 mg/5ml (5%) recon susp	2	
ciprofloxacin 500 mg/5ml (10%) recon susp	2	QL 15 / 1 days
ciprofloxacin hcl (ciprofloxacin hcl 100 mg tab, ciprofloxacin hcl 250 mg tab, ciprofloxacin hcl 500 mg tab, ciprofloxacin hcl 750 mg tab)	1	QL 2 / 1 days
ciprofloxacin hcl 0.3 % solution	1	QL 5 / 18 days
levofloxacin (levofloxacin 250 mg tab, levofloxacin 500 mg tab, levofloxacin 750 mg tab)	1	
levofloxacin 25 mg/ml solution	2	QL 30 / 1 days AL1 Up to 12 yrs old
moxifloxacin hcl 400 mg tab	1	QL 14 / 30 days
ofloxacin (ofloxacin 300 mg tab, ofloxacin 400 mg tab)	2	QL 28 / 26 days
SULFONAMIDES		
sulfadiazine 500 mg tab	1	
sulfamethoxazole-trimethoprim (sulfamethoxazole-trimethoprim 200-40 mg/5ml suspension, sulfamethoxazole-trimethoprim 400-80 mg tab, sulfamethoxazole-trimethoprim 800-160 mg tab, sulfamethoxazole-trimethoprim 800-160 mg/20ml suspension)	1	
sulfatrim pediatric	1	
TETRACYCLINES		
demeclocycline hcl	2	
DORYX	2	
DORYX MPC	2	
doxycycline	2	
doxycycline hyclate (doxycycline hyclate 50 mg cap, doxycycline hyclate 100 mg cap, doxycycline hyclate 100 mg tab)	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DOXYCYCLINE HYCLATE (DOXYCYCLINE HYCLATE 50 MG TAB, DOXYCYCLINE HYCLATE 50 MG TAB DR, DOXYCYCLINE HYCLATE 75 MG TAB, DOXYCYCLINE HYCLATE 75 MG TAB DR, DOXYCYCLINE HYCLATE 80 MG TAB DR, DOXYCYCLINE HYCLATE 100 MG TAB DR, DOXYCYCLINE HYCLATE 150 MG TAB, DOXYCYCLINE HYCLATE 150 MG TAB DR, DOXYCYCLINE HYCLATE 200 MG TAB DR)	2	
doxycycline hyclate 20 mg tab	1	
doxycycline monohydrate (doxycycline monohydrate 25 mg/5ml recon susp, doxycycline monohydrate 50 mg cap, doxycycline monohydrate 100 mg cap)	1	
doxycycline monohydrate (doxycycline monohydrate 75 mg cap, doxycycline monohydrate 150 mg cap)	2	
doxycycline monohydrate (doxycycline monohydrate 75 mg tab, doxycycline monohydrate 100 mg tab)	1	QL 2 / 1 days
doxycycline monohydrate 150 mg tab	2	QL 2 / 1 days
doxycycline monohydrate 50 mg tab	1	QL 1 / 1 days
EMROSI	2	
lymepak	2	QL 60 / 30 days
minocycline hcl (minocycline hcl 50 mg cap, minocycline hcl 75 mg cap)	1	
minocycline hcl (minocycline hcl 50 mg tab, minocycline hcl 75 mg tab, minocycline hcl 100 mg tab)	2	
minocycline hcl 100 mg cap	1	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
minocycline hcl er (minocycline hcl er 45 mg cap er 24h, minocycline hcl er 45 mg tab er 24h, minocycline hcl er 55 mg tab er 24h, minocycline hcl er 65 mg tab er 24h, minocycline hcl er 80 mg tab er 24h, minocycline hcl er 90 mg cap er 24h, minocycline hcl er 90 mg tab er 24h, minocycline hcl er 105 mg tab er 24h, minocycline hcl er 115 mg tab er 24h, minocycline hcl er 135 mg cap er 24h, minocycline hcl er 135 mg tab er 24h)	2	
MINOLIRA	2	
NUZYRA 150 MG TAB	2	
ORACEA	2	
SEYSARA	2	
SOLODYN	2	
targadox	2	
tetracycline hcl (tetracycline hcl 250 mg cap, tetracycline hcl 500 mg cap)	1	QL 120 / 30 days
TETRACYCLINE HCL (TETRACYCLINE HCL 250 MG TAB, TETRACYCLINE HCL 500 MG TAB)	2	
VIBRAMYCIN 100 MG CAP	2	QL 60 / 30 days
VIBRAMYCIN 25 MG/5ML RECON SUSP	2	
XIMINO	2	
ANTICONVULSANTS		
ANTICONVULSANTS, OTHER		
brivaracetam (brivaracetam 10 mg tab, brivaracetam 10 mg/ml solution, brivaracetam 25 mg tab, brivaracetam 50 mg tab, brivaracetam 75 mg tab, brivaracetam 100 mg tab)	2	
BRIVIACT (BRIVIACT 10 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB, BRIVIACT 100 MG TAB)	1	QL 60 / 30 days
BRIVIACT 10 MG/ML SOLUTION	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEPAKOTE	2	
DEPAKOTE ER	2	
DEPAKOTE SPRINKLES	2	
DIACOMIT	2	
divalproex sodium (divalproex sodium 125 mg cap dr, divalproex sodium 125 mg tab dr, divalproex sodium 250 mg tab dr, divalproex sodium 500 mg tab dr)	1	
divalproex sodium er	1	
ELEPSIA XR	2	
EPIDIOLEX	1	PA
EPRONTIA	2	
felbamate 400 mg tab	2	QL 270 / 30 days
felbamate 600 mg tab	2	QL 180 / 30 days
felbamate 600 mg/5ml suspension	2	QL 30 / 1 days
FELBATOL (FELBATOL 400 MG TAB, FELBATOL 600 MG TAB, FELBATOL 600 MG/5ML SUSPENSION)	2	
FINTEPLA	2	
FYCOMPA (FYCOMPA 0.5 MG/ML SUSPENSION, FYCOMPA 2 MG TAB, FYCOMPA 4 MG TAB, FYCOMPA 6 MG TAB, FYCOMPA 8 MG TAB, FYCOMPA 10 MG TAB, FYCOMPA 12 MG TAB)	2	
KEPPRA (KEPPRA 250 MG TAB, KEPPRA 500 MG TAB)	2	QL 180 / 30 days
KEPPRA (KEPPRA 750 MG TAB, KEPPRA 1000 MG TAB)	2	
KEPPRA 100 MG/ML SOLUTION	2	QL 1200 / 30 days
KEPPRA XR	2	
LAMICTAL (LAMICTAL 5 MG CHEW TAB, LAMICTAL 25 MG CHEW TAB)	2	
LAMICTAL ODT	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LAMICTAL XR	2	
lamotrigine (lamotrigine 5 mg chew tab, lamotrigine 21 x 25 mg & 7 x 50 mg kit, lamotrigine 25 & 50 & 100 mg kit, lamotrigine 25 mg chew tab, lamotrigine 25 mg tab disp, lamotrigine 42 x 50 mg & 14x100 mg kit, lamotrigine 50 mg tab disp, lamotrigine 100 mg tab disp, lamotrigine 200 mg tab disp)	2	
lamotrigine er (lamotrigine er 25 mg tab er 24h, lamotrigine er 50 mg tab er 24h, lamotrigine er 100 mg tab er 24h, lamotrigine er 200 mg tab er 24h, lamotrigine er 250 mg tab er 24h, lamotrigine er 300 mg tab er 24h)	2	
levetiracetam (levetiracetam 100 mg/ml solution, levetiracetam 500 mg/5ml solution)	1	QL 1200 / 30 days
levetiracetam (levetiracetam 250 mg tab, levetiracetam 500 mg tab)	1	QL 180 / 30 days
LEVETIRACETAM (LEVETIRACETAM 250 MG TAB, LEVETIRACETAM 500 MG TAB)	2	
levetiracetam (levetiracetam 750 mg tab, levetiracetam 1000 mg tab)	1	QL 4 / 1 days
levetiracetam er 500 mg tab er 24h	1	QL 180 / 30 days
levetiracetam er 750 mg tab er 24h	1	QL 4 / 1 days
MOTPOLY XR	2	
perampanel (perampanel 0.5 mg/ml suspension, perampanel 2 mg tab, perampanel 4 mg tab, perampanel 6 mg tab, perampanel 8 mg tab, perampanel 10 mg tab, perampanel 12 mg tab)	2	
QUDEXY XR	2	
roweepra	1	QL 180 / 30 days
SPRITAM	2	
TOPAMAX	2	QL 120 / 30 days
TOPAMAX SPRINKLE	2	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
topiramate (topiramate 15 mg cap sprink, topiramate 25 mg cap sprink, topiramate 25 mg tab, topiramate 50 mg tab, topiramate 100 mg tab, topiramate 200 mg tab)	1	QL 120 / 30 days
topiramate (topiramate 25 mg/ml solution, topiramate 50 mg cap sprink)	2	
topiramate er (topiramate er 25 mg cap er 24h, topiramate er 50 mg cap er 24h, topiramate er 100 mg cap er 24h, topiramate er 200 mg cap er 24h)	2	
topiramate er (topiramate er 25 mg cp24 sprnk, topiramate er 50 mg cp24 sprnk, topiramate er 100 mg cp24 sprnk, topiramate er 150 mg cp24 sprnk, topiramate er 200 mg cp24 sprnk)	1	
TROKENDI XR (TROKENDI XR 50 MG CAP ER 24H, TROKENDI XR 200 MG CAP ER 24H)	2	QL 60 / 30 days
TROKENDI XR 100 MG CAP ER 24H	2	QL 90 / 30 days
TROKENDI XR 25 MG CAP ER 24H	2	QL 120 / 30 days
valproic acid (valproic acid 250 mg cap, valproic acid 250 mg/5ml solution, valproic acid 500 mg/10ml solution)	1	
CALCIUM CHANNEL MODIFYING AGENTS		
CELONTIN	2	
ethosuximide 250 mg cap	1	QL 180 / 30 days
ethosuximide 250 mg/5ml solution	1	QL 30 / 1 days
methsuximide	2	
ZARONTIN (ZARONTIN 250 MG CAP, ZARONTIN 250 MG/5ML SOLUTION)	2	
GAMMA-AMINOBUTYRIC ACID (GABA) MODULATING AGENTS		
clobazam (clobazam 2.5 mg/ml suspension, clobazam 10 mg tab, clobazam 20 mg tab)	1	
DIASTAT ACUDIAL	1	
DIASTAT PEDIATRIC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diazepam (diazepam 2.5 mg gel, diazepam 10 mg gel, diazepam 20 mg gel)	1	
gabapentin (gabapentin 250 mg/5ml solution, gabapentin 300 mg/6ml solution, gabapentin 600 mg tab, gabapentin 800 mg tab)	1	
gabapentin 100 mg cap	1	QL 180 / 30 days
gabapentin 300 mg cap	1	QL 360 / 30 days
gabapentin 400 mg cap	1	QL 270 / 30 days
GABARONE	2	
GABITRIL (GABITRIL 2 MG TAB, GABITRIL 4 MG TAB)	2	QL 420 / 30 days
GABITRIL 12 MG TAB	2	QL 4 / 1 days
GABITRIL 16 MG TAB	2	QL 90 / 30 days
LIBERVANT	2	
MYSOLINE	2	
NAYZILAM	1	QL 10 / 30 days
NEURONTIN (NEURONTIN 100 MG CAP, NEURONTIN 250 MG/5ML SOLUTION, NEURONTIN 800 MG TAB)	2	
NEURONTIN 300 MG CAP	2	QL 360 / 30 days
NEURONTIN 400 MG CAP	2	QL 270 / 30 days
NEURONTIN 600 MG TAB	2	QL 180 / 30 days
ONFI (ONFI 2.5 MG/ML SUSPENSION, ONFI 10 MG TAB, ONFI 20 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
phenobarbital (phenobarbital 15 mg tab, phenobarbital 16.2 mg tab, phenobarbital 20 mg/5ml elixir, phenobarbital 30 mg tab, phenobarbital 30 mg/7.5ml elixir, phenobarbital 32.4 mg tab, phenobarbital 60 mg tab, phenobarbital 60 mg/15ml elixir, phenobarbital 64.8 mg tab, phenobarbital 97.2 mg tab, phenobarbital 100 mg tab)	1	
primidone (primidone 50 mg tab, primidone 250 mg tab)	1	QL 240 / 30 days
primidone 125 mg tab	1	
SABRIL 500 MG PACKET	2	QL 120 / 30 days
SABRIL 500 MG TAB	2	
SYMPAZAN	2	
tiagabine hcl (tiagabine hcl 2 mg tab, tiagabine hcl 4 mg tab)	2	QL 420 / 30 days
TIAGABINE HCL 12 MG TAB	2	QL 4 / 1 days
TIAGABINE HCL 16 MG TAB	2	QL 90 / 30 days
VALTOCO 10 MG DOSE	1	QL 10 / 30 days
VALTOCO 15 MG DOSE	1	QL 10 / 30 days
VALTOCO 20 MG DOSE	1	QL 10 / 30 days
VALTOCO 5 MG DOSE	1	QL 10 / 30 days
vigabatrin 500 mg packet	2	QL 120 / 30 days
vigabatrin 500 mg tab	2	
vigadrone 500 mg packet	2	QL 120 / 30 days
vigadrone 500 mg tab	2	
VIGAFYDE	2	
vigpoder	2	QL 120 / 30 days
ZTALMY	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SODIUM CHANNEL AGENTS		
APTIOM	2	
BANZEL (BANZEL 40 MG/ML SUSPENSION, BANZEL 200 MG TAB, BANZEL 400 MG TAB)	2	
carbamazepine (carbamazepine 100 mg chew tab, carbamazepine 200 mg tab)	1	QL 240 / 30 days
carbamazepine (carbamazepine 100 mg/5ml suspension, carbamazepine 200 mg/10ml suspension)	1	QL 2400 / 30 days
carbamazepine 200 mg chew tab	2	
carbamazepine er (carbamazepine er 100 mg cap er 12h, carbamazepine er 100 mg tab er 12h, carbamazepine er 200 mg cap er 12h, carbamazepine er 200 mg tab er 12h, carbamazepine er 300 mg cap er 12h, carbamazepine er 400 mg tab er 12h)	1	QL 4 / 1 days
CARBATROL	2	
DILANTIN 100 MG CAP	2	QL 360 / 30 days
DILANTIN 125 MG/5ML SUSPENSION	2	QL 450 / 30 day(s)
DILANTIN 30 MG CAP	1	QL 270 / 30 days
DILANTIN INFATABS	2	QL 240 / 30 days
DILANTIN-125	2	QL 450 / 30 day(s)
epitol	1	QL 240 / 30 days
eslicarbazepine acetate	2	
lacosamide (lacosamide 10 mg/ml solution, lacosamide 50 mg/5ml solution, lacosamide 100 mg/10ml solution)	1	QL 1200 / 30 days
lacosamide (lacosamide 50 mg tab, lacosamide 100 mg tab, lacosamide 150 mg tab, lacosamide 200 mg tab)	1	
oxcarbazepine (oxcarbazepine 150 mg tab, oxcarbazepine 300 mg tab, oxcarbazepine 600 mg tab)	1	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
oxcarbazepine 300 mg/5ml suspension	1	QL 1200 / 30 days
oxcarbazepine er	2	
OXTELLAR XR	2	
phenytek 200 mg cap	2	QL 60 / 30 days
phenytek 300 mg cap	2	QL 30 / 30 days
phenytoin (phenytoin 100 mg/4ml suspension, phenytoin 125 mg/5ml suspension)	1	QL 450 / 30 day(s)
phenytoin 50 mg chew tab	1	QL 240 / 30 days
phenytoin infatabs	1	QL 240 / 30 days
phenytoin sodium extended 100 mg cap	1	QL 360 / 30 days
phenytoin sodium extended 200 mg cap	1	QL 60 / 30 days
phenytoin sodium extended 300 mg cap	1	QL 30 / 30 days
rufinamide (rufinamide 40 mg/ml suspension, rufinamide 200 mg tab, rufinamide 400 mg tab)	2	
TEGRETOL (TEGRETOL 100 MG/5ML SUSPENSION, TEGRETOL 200 MG TAB)	2	
TEGRETOL-XR	2	
TRILEPTAL (TRILEPTAL 150 MG TAB, TRILEPTAL 300 MG TAB, TRILEPTAL 600 MG TAB)	2	QL 120 / 30 days
TRILEPTAL 300 MG/5ML SUSPENSION	2	QL 1200 / 30 days
VIMPAT (VIMPAT 50 MG TAB, VIMPAT 100 MG TAB, VIMPAT 150 MG TAB, VIMPAT 200 MG TAB)	2	QL 60 / 30 days
VIMPAT 10 MG/ML SOLUTION	2	QL 1200 / 30 days
XCOPRI	2	
XCOPRI (250 MG DAILY DOSE)	2	
XCOPRI (350 MG DAILY DOSE)	2	
ZONISADE	2	
zonisamide (zonisamide 25 mg cap, zonisamide 50 mg cap)	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
zonisamide 100 mg cap	1	QL 180 / 30 days
ANTIDEMENTIA AGENTS		
ANTIDEMENTIA AGENTS, OTHER		
memantine hcl-donepezil hcl (memantine hcl-donepezil hcl 14-10 mg cap er 24h, memantine hcl-donepezil hcl 28-10 mg cap er 24h)	2	
memantine hcl-donepezil hcl er	2	
NAMZARIC	2	
CHOLINESTERASE INHIBITORS		
ADLARITY	2	
ARICEPT	2	QL 30 / 30 days
donepezil hcl (donepezil hcl 5 mg tab, donepezil hcl 10 mg tab)	1	QL 30 / 30 days PA
donepezil hcl 10 mg tab disp	1	QL 30 / 30 days
donepezil hcl 23 mg tab	2	QL 30 / 30 days
donepezil hcl 5 mg tab disp	1	QL 60 / 30 days
EXELON	2	QL 30 / 30 days
galantamine hydrobromide (galantamine hydrobromide 4 mg tab, galantamine hydrobromide 8 mg tab, galantamine hydrobromide 12 mg tab)	1	
galantamine hydrobromide 4 mg/ml solution	2	
galantamine hydrobromide er	1	
RAZADYNE ER	2	
rivastigmine	2	QL 30 / 30 days
rivastigmine tartrate (rivastigmine tartrate 1.5 mg cap, rivastigmine tartrate 3 mg cap)	1	QL 60 / 30 days PA
rivastigmine tartrate (rivastigmine tartrate 4.5 mg cap, rivastigmine tartrate 6 mg cap)	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZUNVEYL	2	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST		
memantine hcl (memantine hcl 2 mg/ml solution, memantine hcl 10 mg/5ml solution)	2	QL 300 / 30 days
memantine hcl (memantine hcl 5 mg tab, memantine hcl 10 mg tab)	1	QL 60 / 30 days PA
MEMANTINE HCL 28 X 5 MG & 21 X 10 MG TAB	1	QL 2 / 1 days
memantine hcl er	1	
NAMENDA	2	QL 60 / 30 days
NAMENDA TITRATION PAK	2	QL 2 / 1 days
NAMENDA XR	2	
ANTIDEPRESSANTS		
ANTIDEPRESSANTS, OTHER		
APLENZIN	2	
AUVELITY	2	
bupropion hcl (bupropion hcl 75 mg tab, bupropion hcl 100 mg tab)	1	QL 120 / 30 days
bupropion hcl er (sr) (bupropion hcl er (sr) 100 mg tab er 12h, bupropion hcl er (sr) 150 mg tab er 12h, bupropion hcl er (sr) 200 mg tab er 12h)	1	QL 60 / 30 days
bupropion hcl er (xl) 150 mg tab er 24h	1	QL 60 / 30 days
bupropion hcl er (xl) 300 mg tab er 24h	1	QL 30 / 30 days
BUPROPION HCL ER (XL) 450 MG TAB ER 24H	1	
chlordiazepoxide-amitriptyline	1	QL 180 / 30 days
EXXUA	2	
EXXUA TITRATION PACK	2	
FORFIVO XL	2	
LYBALVI	2	QL 30 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mirtazapine (mirtazapine 7.5 mg tab, mirtazapine 15 mg tab, mirtazapine 15 mg tab disp, mirtazapine 30 mg tab, mirtazapine 30 mg tab disp, mirtazapine 45 mg tab, mirtazapine 45 mg tab disp)	1	QL 30 / 30 days
olanzapine-fluoxetine hcl	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine-amitriptyline (perphenazine-amitriptyline 2-10 mg tab, perphenazine-amitriptyline 2-25 mg tab)	2	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine-amitriptyline (perphenazine-amitriptyline 4-10 mg tab, perphenazine-amitriptyline 4-25 mg tab, perphenazine-amitriptyline 4-50 mg tab)	2	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REMERON	2	QL 30 / 30 days
REMERON SOLTAB	2	QL 30 / 30 days
SPRAVATO (56 MG DOSE)	2	QL 8 / 14 days
SPRAVATO (84 MG DOSE)	2	QL 12 / 14 days
SYMBYAX	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
WELLBUTRIN SR	2	QL 60 / 30 days
WELLBUTRIN XL 150 MG TAB ER 24H	2	QL 60 / 30 days
WELLBUTRIN XL 300 MG TAB ER 24H	2	QL 30 / 30 days
ZULRESSO	2	PA
ZURZUVAE (ZURZUVAE 20 MG CAP, ZURZUVAE 25 MG CAP)	2	QL 60 / 30 day(s) PA
ZURZUVAE 30 MG CAP	2	QL 30 / 30 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOAMINE OXIDASE INHIBITORS		
EMSAM	2	
MARPLAN	2	
NARDIL	2	
phenelzine sulfate 15 mg tab	1	
tranylcypromine sulfate	2	QL 180 / 30 days
SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)		
BRISDELLE	2	
CELEXA	2	QL 45 / 30 days
citalopram hydrobromide (citalopram hydrobromide 10 mg tab, citalopram hydrobromide 20 mg tab, citalopram hydrobromide 40 mg tab)	1	QL 45 / 30 days
citalopram hydrobromide 10 mg/5ml solution	1	QL 600 / 30 days
citalopram hydrobromide 20 mg/10ml solution	2	QL 600 / 30 days
CITALOPRAM HYDROBROMIDE 30 MG CAP	2	QL 30 / 30 days
DESVENLAFAXINE ER	2	
desvenlafaxine succinate er	1	
EFFEXOR XR 150 MG CAP ER 24H	2	QL 60 / 30 days
EFFEXOR XR 37.5 MG CAP ER 24H	2	QL 30 / 30 days
EFFEXOR XR 75 MG CAP ER 24H	2	QL 90 / 30 days
escitalopram oxalate (escitalopram oxalate 5 mg tab, escitalopram oxalate 10 mg tab)	1	QL 90 / 30 days
escitalopram oxalate (escitalopram oxalate 5 mg/5ml solution, escitalopram oxalate 10 mg/10ml solution)	2	QL 600 / 30 days
ESCITALOPRAM OXALATE 15 MG CAP	2	
escitalopram oxalate 20 mg tab	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FETZIMA	2	
FETZIMA TITRATION	2	
fluoxetine hcl (fluoxetine hcl 10 mg cap, fluoxetine hcl 10 mg tab)	1	QL 90 / 30 days
fluoxetine hcl (pmdd) 10 mg tab	1	QL 90 / 30 days
fluoxetine hcl (pmdd) 20 mg tab	1	QL 4 / 1 days
fluoxetine hcl 20 mg cap	1	QL 4 / 1 days
fluoxetine hcl 20 mg tab	1	QL 120 / 30 days
fluoxetine hcl 20 mg/5ml solution	1	QL 300 / 30 days
fluoxetine hcl 40 mg cap	1	QL 60 / 30 days
FLUOXETINE HCL 60 MG TAB	1	
fluoxetine hcl 90 mg cap dr	2	
fluvoxamine maleate 100 mg tab	1	QL 90 / 30 days
fluvoxamine maleate 25 mg tab	1	QL 30 / 30 days
fluvoxamine maleate 50 mg tab	1	QL 45 / 30 days
fluvoxamine maleate er	2	
LEXAPRO (LEXAPRO 5 MG TAB, LEXAPRO 10 MG TAB)	2	QL 90 / 30 days
LEXAPRO 20 MG TAB	2	QL 60 / 30 days
nefazodone hcl (nefazodone hcl 50 mg tab, nefazodone hcl 100 mg tab, nefazodone hcl 250 mg tab)	2	QL 60 / 30 days
nefazodone hcl 150 mg tab	2	QL 120 / 30 days
nefazodone hcl 200 mg tab	2	QL 90 / 30 days
paroxetine hcl (paroxetine hcl 10 mg tab, paroxetine hcl 20 mg tab, paroxetine hcl 40 mg tab)	1	QL 45 / 30 days
paroxetine hcl 10 mg/5ml suspension	2	
paroxetine hcl 30 mg tab	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
paroxetine hcl er	2	
paroxetine mesylate	2	
PAXIL (PAXIL 10 MG TAB, PAXIL 20 MG TAB, PAXIL 40 MG TAB)	2	QL 45 / 30 days
PAXIL 10 MG/5ML SUSPENSION	2	
PAXIL 30 MG TAB	2	QL 60 / 30 days
PAXIL CR	2	
PEXEVA	2	
PRISTIQ	2	
PROZAC 10 MG CAP	2	QL 90 / 30 days
PROZAC 20 MG CAP	2	
PROZAC 40 MG CAP	2	QL 60 / 30 days
RALDESY	2	
sertraline hcl (sertraline hcl 150 mg cap, sertraline hcl 200 mg cap)	2	
sertraline hcl (sertraline hcl 25 mg tab, sertraline hcl 50 mg tab)	1	QL 90 / 30 days
sertraline hcl 100 mg tab	1	QL 60 / 30 days
sertraline hcl 20 mg/ml conc	1	QL 300 / 30 days
trazodone hcl (trazodone hcl 50 mg tab, trazodone hcl 100 mg tab, trazodone hcl 150 mg tab)	1	QL 90 / 30 days
trazodone hcl 300 mg tab	1	QL 60 / 30 days
TRINTELLIX	2	
VENLAFAXINE BESYLATE ER	2	
venlafaxine hcl	1	QL 90 / 30 days
venlafaxine hcl er (venlafaxine hcl er 37.5 mg tab er 24h, venlafaxine hcl er 75 mg tab er 24h, venlafaxine hcl er 150 mg tab er 24h, venlafaxine hcl er 225 mg tab er 24h)	1	
venlafaxine hcl er 150 mg cap er 24h	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
venlafaxine hcl er 37.5 mg cap er 24h	1	QL 30 / 30 days
venlafaxine hcl er 75 mg cap er 24h	1	QL 90 / 30 days
VIIBRYD	2	
VIIBRYD STARTER PACK	2	
vilazodone hcl	1	
ZOLOFT (ZOLOFT 25 MG TAB, ZOLOFT 50 MG TAB)	2	QL 90 / 30 days
ZOLOFT 100 MG TAB	2	QL 60 / 30 days
ZOLOFT 20 MG/ML CONC	2	QL 300 / 30 days
TRICYCLICS		
amitriptyline hcl (amitriptyline hcl 10 mg tab, amitriptyline hcl 25 mg tab, amitriptyline hcl 50 mg tab, amitriptyline hcl 75 mg tab, amitriptyline hcl 100 mg tab, amitriptyline hcl 150 mg tab)	1	QL 90 / 30 days
amoxapine	1	QL 4 / 1 days
ANAFRANIL (ANAFRANIL 25 MG CAP, ANAFRANIL 50 MG CAP)	2	QL 150 / 30 days
ANAFRANIL 75 MG CAP	2	QL 90 / 30 days
clomipramine hcl 25 mg cap	2	QL 150 / 30 days
clomipramine hcl 50 mg cap	1	QL 150 / 30 days
clomipramine hcl 75 mg cap	1	QL 90 / 30 days
desipramine hcl (desipramine hcl 10 mg tab, desipramine hcl 25 mg tab, desipramine hcl 50 mg tab, desipramine hcl 75 mg tab, desipramine hcl 100 mg tab, desipramine hcl 150 mg tab)	2	QL 60 / 30 days
doxepin hcl (doxepin hcl 10 mg cap, doxepin hcl 25 mg cap, doxepin hcl 50 mg cap, doxepin hcl 75 mg cap, doxepin hcl 150 mg cap)	1	QL 60 / 30 days
doxepin hcl 10 mg/ml conc	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
doxepin hcl 100 mg cap	1	QL 90 / 30 days
imipramine hcl (imipramine hcl 10 mg tab, imipramine hcl 25 mg tab, imipramine hcl 50 mg tab)	1	QL 180 / 30 days
imipramine pamoate	2	
NORPRAMIN	2	QL 60 / 30 days
nortriptyline hcl (nortriptyline hcl 25 mg cap, nortriptyline hcl 75 mg cap)	1	QL 90 / 30 days
nortriptyline hcl 10 mg cap	1	
nortriptyline hcl 10 mg/5ml solution	2	QL 2250 / 30 days
nortriptyline hcl 50 mg cap	1	QL 60 / 30 days
PAMELOR (PAMELOR 25 MG CAP, PAMELOR 75 MG CAP)	2	QL 90 / 30 days
PAMELOR 10 MG CAP	2	
PAMELOR 50 MG CAP	2	QL 60 / 30 days
protriptyline hcl	2	QL 180 / 30 days
trimipramine maleate (trimipramine maleate 25 mg cap, trimipramine maleate 50 mg cap, trimipramine maleate 100 mg cap)	2	
ANTIEMETICS		
ANTIEMETICS, OTHER		
anti-nausea	2	
ANTIVERT	2	
bonine	2	QL 120 / 30 days
BONJESTA	2	QL 60 / 30 days
compro	1	QL 12 / days
cvs motion sickness less drows	1	QL 120 / 30 days
cvs motion sickness relief	1	QL 120 / 30 days
cvs nausea relief	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DICLEGIS	2	QL 120 / 30 day(s)
DIMENHYDRINATE 50 MG/ML SOLUTION	2	
doxylamine-pyridoxine	1	QL 120 / 30 day(s)
dramamine 25 mg tab	2	QL 120 / 30 days
DRAMAMINE 50 MG CHEW TAB	2	
DRAMAMINE MOTION SICKNESS KIDS	2	
driminate	1	QL 240 / 30 days
ft motion sickness (ft motion sickness 25 mg chew tab, ft motion sickness 25 mg tab)	1	QL 120 / 30 days
ft motion sickness 50 mg tab	1	QL 240 / 30 days
GIMOTI	2	
gnp anti-nausea relief	1	
gnp motion sickness relief 25 mg tab	1	QL 120 / 30 days
gnp motion sickness relief 50 mg tab	1	QL 240 / 30 days
gnp nausea relief	1	
goodsense motion sickness	1	QL 240 / 30 days
goodsense nausea relief	1	
hm motion sickness	1	QL 240 / 30 days
hm motion sickness relief	1	QL 120 / 30 days
meclizine hcl (meclizine hcl 12.5 mg tab, meclizine hcl 25 mg chew tab, meclizine hcl 25 mg tab)	1	QL 120 / 30 days
meclizine hcl 50 mg tab	2	
metoclopramide hcl (metoclopramide hcl 5 mg tab, metoclopramide hcl 10 mg tab)	1	QL 4 / 1 days
metoclopramide hcl (metoclopramide hcl 5 mg/5ml solution, metoclopramide hcl 10 mg/10ml solution)	1	QL 40 / 1 days
metoclopramide hcl +rfid	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
metoclopramide hcl 5 mg tab disp	2	
metoclopramide hcl 5 mg/ml solution	1	
motion sickness relief 25 mg tab	1	QL 120 / 30 days
motion sickness relief 50 mg tab	1	QL 240 / 30 days
motion-time	1	QL 120 / 30 days
nausea relief	1	
perphenazine (perphenazine 2 mg tab, perphenazine 4 mg tab, perphenazine 16 mg tab)	1	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
perphenazine 8 mg tab	1	QL 120 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
PHENERGAN	2	AL1 At least 6 yrs old C Age restriction, clinical PA required
prochlorperazine	1	QL 12 / days
prochlorperazine edisylate 10 mg/2ml solution	1	
prochlorperazine maleate (prochlorperazine maleate 5 mg tab, prochlorperazine maleate 10 mg tab)	1	QL 4 / 1 days
promethazine hcl (promethazine hcl 12.5 mg suppos, promethazine hcl 25 mg suppos, promethazine hcl 25 mg/ml solution, promethazine hcl 50 mg/ml solution)	1	AL1 At least 6 yrs old C Age restriction, clinical PA required
promethazine hcl (promethazine hcl 12.5 mg tab, promethazine hcl 25 mg tab, promethazine hcl 50 mg tab)	1	QL 4 / 1 days AL1 At least 6 yrs old C Age restriction, clinical PA required
promethegan	1	AL1 At least 6 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
qc anti-nausea	1	
REGLAN	2	
scopolamine	1	
sm motion sickness 25 mg tab	1	QL 120 / 30 days
sm motion sickness 50 mg tab	1	QL 240 / 30 days
TIGAN	2	
TRANSDERM SCOP	2	
TRANSDERM-SCOP	2	
travel-ease	1	QL 120 / 30 days
trimethobenzamide hcl 300 mg cap	2	QL 90 / 30 days
EMETOGENIC THERAPY ADJUNCTS		
AKYNZEO (AKYNZEO 235-0.25 MG RECON SOLN, AKYNZEO 235-0.25 MG/20ML SOLUTION)	2	QLC 2 vials/28 days
AKYNZEO (READY-TO-USE)	2	QLC 2 vials/28 days
AKYNZEO 300-0.5 MG CAP	2	QL 2 / 28 days
ANZEMET	2	
aprepitant 125 mg cap	1	QL 2 / 28 days
aprepitant 40 mg cap	1	QL 1 / 30 days
aprepitant 80 & 125 mg cap	1	QL 6 / 28 days
aprepitant 80 mg cap	1	QL 4 / 28 days
CINVANTI	2	QLC 36 mL/28 days
dronabinol (dronabinol 2.5 mg cap, dronabinol 5 mg cap)	2	QL 180 / 30 days
dronabinol 10 mg cap	2	QL 90 / 30 days
EMEND 125 MG/5ML RECON SUSP	2	
EMEND 150 MG RECON SOLN	2	QLC 2 vials/28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMEND BIPACK	2	QL 4 / 28 days
EMEND TRI-PACK	2	QL 6 / 28 days
FOCINVEZ	2	
FOSAPREPITANT DIMEGLUMINE	1	
granisetron hcl (granisetron hcl 1 mg/ml solution, granisetron hcl 4 mg/4ml solution)	1	
granisetron hcl 1 mg tab	2	QLC 2 tablets/day
MARINOL 2.5 MG CAP	2	QL 180 / 30 days
ondansetron (ondansetron 4 mg tab disp, ondansetron 8 mg tab disp)	1	QL 90 / 30 days
ONDANSETRON 16 MG TAB DISP	2	
ondansetron hcl (ondansetron hcl 4 mg tab, ondansetron hcl 8 mg tab)	1	QL 90 / 30 days
ondansetron hcl (ondansetron hcl 4 mg/2ml soln prsyr, ondansetron hcl 4 mg/2ml solution, ondansetron hcl 40 mg/20ml solution)	1	
ondansetron hcl +rfid	1	
ondansetron hcl 4 mg/5ml solution	1	QL 50 / 25 days
PALONOSETRON HCL (PALONOSETRON HCL 0.25 MG/5ML SOLN PRSYR, PALONOSETRON HCL 0.25 MG/5ML SOLUTION)	1	QLC 10 mL/28 days
PALONOSETRON HCL 0.25 MG/2ML SOLUTION	1	
POSFREA	2	
SANCUSO	2	QL 4 / 28 days
SUSTOL	2	QLC 1.6 mL/28 days
SYNDROS	2	
VARUBI (180 MG DOSE)	2	
ZUPLENZ	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIFUNGALS		
3 day vaginal	1	
7 day vaginal	1	QL 45 / 7 days
ALEVAZOL	1	
ALOE VESTA CLEAR ANTIFUNGAL	1	
ANCOBON	2	
antifungal (clotrimazole)	1	QL 30 / 7 days
antifungal (tolnaftate)	1	QL 15 / 7 days
antifungal 2 % cream	1	QL 15 / 7 days
antifungal 2 % powder	1	QL 71 / 15 days
antifungal clotrimazole	1	QL 30 / 7 days
athletes foot (clotrimazole)	1	QL 30 / 7 days
athletes foot (terbinafine)	1	
athletes foot 1 % cream	1	QL 30 / 7 days
athletes foot 1 % solution	2	QL 30 / 24 days
athletes foot powder spray 1 % aero powd	1	QL 133 / 10 days
athletes foot powder spray 2 % aero powd	1	
athletes foot spray	1	
azolen anti-fungal wash	2	
BREXAFEMME	2	
butenafine hcl	1	QL 30 / 24 days
clotrimazole 1 % cream	1	QL 45 / 7 days
clotrimazole 1 % solution	2	QL 30 / 24 days
clotrimazole 1% cream (rx)	1	QL 30 / 7 days
clotrimazole 10 mg troche	1	QL 5 / 1 days
clotrimazole 3	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clotrimazole anti-fungal	1	QL 30 / 7 days
clotrimazole athletes foot	1	QL 30 / 7 days
clotrimazole-7	1	QL 45 / 7 days
CRESEMBA (CRESEMBA 74.5 MG CAP, CRESEMBA 186 MG CAP)	2	
cvs athletes foot (tolnaftate) 1 % aero powd	1	QL 133 / 10 days
cvs athletes foot (tolnaftate) 1 % cream	1	QL 15 / 7 days
cvs athletes foot 2 % aero powd	1	
cvs athletes foot spray	1	
cvs butenafine hcl	1	QL 30 / 24 days
cvs miconazole 1 combo pack	1	
CVS MICONAZOLE 1 COMBO-WIPES	1	
cvs miconazole 3 combo pack	1	
cvs miconazole 3 combo-supp	1	QL 1 / 3 days
cvs miconazole 7	1	QL 45 / 7 days
cvs ringworm	1	QL 30 / 7 days
cvs tioconazole 1	1	
cvs toe area treatment max str	1	
desenex 2 % cream	2	QL 15 / 7 days
desenex 2 % powder	1	QL 71 / 15 days
DIFLUCAN (DIFLUCAN 50 MG TAB, DIFLUCAN 100 MG TAB, DIFLUCAN 150 MG TAB, DIFLUCAN 200 MG TAB)	2	QL 2 / 1 days
DIFLUCAN 10 MG/ML RECON SUSP	2	QL 1200 / 30 days
DIFLUCAN 40 MG/ML RECON SUSP	2	QL 300 / 30 days
econazole nitrate 1 % cream	1	
ECOZA	2	
eq athletes foot (terbinafine)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
eq miconazole 1	1	
eq miconazole 7 day treatment	1	QL 45 / 7 days
eql miconazole 7	1	QL 45 / 7 days
ERTACZO	2	
EXTINA	2	
fluconazole (fluconazole 50 mg tab, fluconazole 100 mg tab, fluconazole 150 mg tab, fluconazole 200 mg tab)	1	QL 2 / 1 days
fluconazole 10 mg/ml recon susp	1	QL 1200 / 30 days
fluconazole 40 mg/ml recon susp	1	QL 300 / 30 days
flucytosine (flucytosine 250 mg cap, flucytosine 500 mg cap)	2	
formula 7 the solution	2	
ft antifungal (ft antifungal 1 % cream, ft antifungal 2 % cream)	1	QL 15 / 7 days
ft athletes foot (clotrimaz)	1	QL 30 / 7 days
ft athletes foot (terbinafine)	1	
ft miconazole 1	1	
ft miconazole 3 comb pack-supp	1	QL 1 / 3 days
ft tioconazole-1	1	
FULVICIN P/G 165	2	
fungi nail maximum strength	2	
fungoid tincture	2	
gnp athletes foot	1	QL 30 / 7 days
gnp clotrimazole 3	1	
gnp miconazole 1	1	
gnp miconazole 3	1	QL 1 / 3 days
gnp miconazole 7	1	QL 45 / 7 days
gnp miconazorb af	1	QL 71 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp terbinafine hydrochloride	1	
gnp tolnaftate	1	QL 15 / 7 days
goodsense athletes foot	1	QL 30 / 7 days
griseofulvin microsize 125 mg/5ml suspension	1	QL 40 / 1 days
griseofulvin microsize 500 mg tab	2	QL 60 / 30 days
griseofulvin ultramicrosize (griseofulvin ultramicrosize 125 mg tab, griseofulvin ultramicrosize 250 mg tab)	2	QL 3 / 1 days
GRISEOFULVIN ULTRAMICROSIZE 165 MG TAB	2	
GYNAZOLE-1	2	
itraconazole (itraconazole 10 mg/ml solution, itraconazole 100 mg cap)	2	
JUBLIA	2	
KERYDIN	2	
ketoconazole (ketoconazole 2 % cream, ketoconazole 2 % shampoo)	1	
ketoconazole 2 % foam	2	
ketoconazole 200 mg tab	2	QL 60 / 30 days
LAMISIL AT 1 % CREAM	2	
lamisil at athletes foot	2	
lamisil at jock itch	2	
LAMISIL AT SPRAY ATHLETES FOOT	2	
LAMISIL AT SPRAY JOCK ITCH	2	
LASOLEX AG	2	
lotrimin af 1 % cream	2	QL 30 / 7 days
lotrimin af 2 % aerosol	1	
lotrimin ultra	2	QL 30 / 24 days
luliconazole	2	
LUZU	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
medpura antifungal	1	QL 15 / 7 days
MENTAX	2	
micomitin	2	
MICONATATE	2	
miconazole 1	1	
miconazole 3 200 mg suppos	2	QL 30 / 30 days
miconazole 3 combo pack	1	
miconazole 3 combo pack app	1	
miconazole 3 combo-supp	1	QL 1 / 3 days
miconazole 7 100 mg suppos	1	QL 30 / 30 days
miconazole 7 2 % cream	1	QL 45 / 7 days
miconazole nitrate 2 % cream	1	QL 45 / 7 days
miconazole nitrate 2 % solution	1	
miconazole nitrate combo pack	1	QL 1 / 3 days
MICONAZOLE-ZINC OXIDE-PETROLAT	2	
micotrin ac	2	QL 30 / 7 days
micotrin al	2	
micotrin ap	1	QL 71 / 15 days
monistat 1 combo pack	2	
monistat 1 day or night	2	
monistat 1-day	1	
monistat 3	2	
monistat 3 combination pack 200 & 2 mg-% (9gm) kit	2	QL 1 / 3 days
MONISTAT 3 COMBINATION PACK 200-2 MG-% KIT	2	
monistat 3 combo pack app	2	
MONISTAT 7 COMBO PACK APP	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONISTAT 7 COMPLETE THERAPY	2	
monistat 7 simply cure	2	QL 45 / 7 days
mycozyl ac	2	QL 30 / 7 days
mycozyl al	1	
mycozyl ap	1	QL 71 / 15 days
naftifine hcl	2	
NAFTIN	2	
NIZORAL	2	
NOXAFIL (NOXAFIL 40 MG/ML SUSPENSION, NOXAFIL 100 MG TAB DR, NOXAFIL 300 MG PACKET)	2	
nyamyc	1	
nystatin (nystatin 100000 unit/gm cream, nystatin 100000 unit/gm ointment, nystatin 100000 unit/gm powder, nystatin 100000 unit/ml suspension)	1	
nystatin 500000 unit tab	1	QL 6 / 1 days
nystop	1	
ORAVIG	2	
oxiconazole nitrate	2	
OXISTAT (OXISTAT 1 % CREAM, OXISTAT 1 % LOTION)	2	
posaconazole 100 mg tab dr	1	
posaconazole 40 mg/ml suspension	2	
px miconazole 3-day combo	1	QL 1 / 3 days
qc 3 day	1	
qc antifungal (tolnaftate)	1	QL 15 / 7 days
qc athletes foot 2 % aero powd	1	
qc clotrimazole	1	QL 45 / 7 days
qc miconazole 7	1	QL 45 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
qc tolnaftate	1	QL 15 / 7 days
ra atheletes foot	1	
ra clotrimazole 7	1	QL 45 / 7 days
ra miconazole 3 combo pack	1	QL 1 / 3 days
ra miconazole 3 combo pack app	1	
ra miconazole 7	1	QL 45 / 7 days
ra tioconazole 1	1	
sm 3-day vaginal	1	
sm antifungal clotrimazole	1	QL 30 / 7 days
sm antifungal miconazole	1	QL 15 / 7 days
sm antifungal tolnaftate	1	QL 15 / 7 days
sm athletes foot	1	
sm clotrimazole vaginal	1	QL 45 / 7 days
sm miconazole 3	1	QL 1 / 3 days
sm miconazole 3 applicator	1	
sm miconazole 7 100 mg suppos	1	QL 30 / 30 days
sm miconazole 7 2 % cream	1	QL 45 / 7 days
sm tioconazole-1	1	
SPORANOX (SPORANOX 10 MG/ML SOLUTION, SPORANOX 100 MG CAP)	2	
SPORANOX PULSEPAK	2	
sulconazole nitrate (sulconazole nitrate 1 % cream, sulconazole nitrate 1 % solution)	2	
tavaborole	2	
terbinafine hcl 1 % cream	1	
terbinafine hcl 250 mg tab	1	QL 90 / 365 days
terconazole 0.4 % cream	2	QL 45 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
terconazole 0.8 % cream	2	QL 20 / 14 days
terconazole 80 mg suppos	2	QL 3 / 14 days
tinactin 1 % cream	2	QL 15 / 7 days
ting (ting 1 % aerosol, ting 2 % aero powd)	1	
ting 1 % cream	1	QL 15 / 7 days
tioconazole-1	1	
tm-clotrimazole	1	QL 30 / 7 days
tm-tolnaftate	1	
tm-tolnaftate lr	1	
tolnafi-al	1	
tolnaftate 1 % cream	1	QL 15 / 7 days
tolnaftate 1 % powder	1	QL 45 / 7 days
tolnaftate antifungal	1	QL 15 / 7 days
TOLSURA	2	
trimazole	2	QL 30 / 7 days
TRIPENICOL C	2	
triple paste af	1	
tritolnacide c	2	QL 15 / 7 days
tritolnacide s	2	
VFEND (VFEND 40 MG/ML RECON SUSP, VFEND 50 MG TAB, VFEND 200 MG TAB)	2	
VIVJOA	2	
voriconazole (voriconazole 50 mg tab, voriconazole 200 mg tab)	1	
voriconazole 40 mg/ml recon susp	2	
VOTRIZA-AL	2	
VUSION	2	
zeasorb-af	1	QL 71 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIGOUT AGENTS		
allopurinol 100 mg tab	1	QL 240 / 30 days
allopurinol 200 mg tab	2	
allopurinol 300 mg tab	1	QL 60 / 30 days
colchicine 0.6 mg cap	2	QL 90 / 30 days PA
colchicine 0.6 mg tab	1	QL 90 / 30 days PA
colchicine-probenecid	1	
COLCRYS	2	QL 90 / 30 days
febuxostat	1	
KRYSTEXXA	2	
MITIGARE	2	QL 90 / 30 days
probenecid	1	QL 4 / 1 days
ULORIC	2	
ZYLOPRIM 100 MG TAB	2	
ZYLOPRIM 300 MG TAB	2	QL 60 / 30 days
ANTIMIGRAINE AGENTS		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS		
AIMOVIG	1	QL 1 / 28 days PA
AJOVY	1	QL 1.5 / 28 day(s) PA
EMGALITY	1	QL 2 / 28 days PA
EMGALITY (300 MG DOSE)	1	QL 3 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NURTEC	1	QL 16 / 30 days PA
QULIPTA	2	QL 30 / 30 days
UBRELVY	1	QL 16 / 30 days PA
VYEPTI	2	
ZAVZPRET	2	QL 8 / 30 day(s)
ERGOT ALKALOIDS		
BREKIYA	2	
CAFERGOT	2	
D.H.E. 45	2	
dihydroergotamine mesylate (dihydroergotamine mesylate 1 mg/ml solution, dihydroergotamine mesylate 4 mg/ml solution)	2	
ERGOMAR	2	
ergotamine-caffeine	2	
MIGRANAL	2	
TRUDHESA	2	
SEROTONIN (5-HT) RECEPTOR AGONIST		
almotriptan malate 12.5 mg tab	2	QL 9 / 30 day(s)
almotriptan malate 6.25 mg tab	2	QL 9 / 30 days
AMERGE	2	
eletriptan hydrobromide	1	QL 9 / 30 days
FROVA	2	QL 12 / 30 days
frovatriptan succinate	2	QL 12 / 30 days
IMITREX (IMITREX 5 MG/ACT SOLUTION, IMITREX 20 MG/ACT SOLUTION, IMITREX 25 MG TAB, IMITREX 50 MG TAB, IMITREX 100 MG TAB)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMITREX STATDOSE REFILL	2	
IMITREX STATDOSE SYSTEM	2	
MAXALT	2	
MAXALT-MLT	2	
naratriptan hcl	1	QL 9 / 24 days
ONZETRA XSAIL	2	
RELPAX	2	QL 9 / 30 days
REYVOW 100 MG TAB	2	QL 8 / 30 days PA
REYVOW 50 MG TAB	2	QL 4 / 30 days PA
rizatriptan benzoate	1	QL 9 / 30 days
sumatriptan (sumatriptan 5 mg/act solution, sumatriptan 20 mg/act solution)	1	QL 6 / 24 days
sumatriptan succinate (sumatriptan succinate 25 mg tab, sumatriptan succinate 50 mg tab, sumatriptan succinate 100 mg tab)	1	QL 9 / 24 days
sumatriptan succinate (sumatriptan succinate 6 mg/0.5ml soln a-inj, sumatriptan succinate 6 mg/0.5ml solution)	1	QL 2 / 24 days
sumatriptan succinate 4 mg/0.5ml soln a-inj	1	
sumatriptan succinate refill 4 mg/0.5ml soln cart	1	
sumatriptan succinate refill 6 mg/0.5ml soln cart	1	QL 2 / 24 days
sumatriptan-naproxen sodium	2	
SYMBRAVO	2	
TOSYMRA	2	
TREXIMET	2	
ZEMBRACE SYMTOUCH	2	
zolmitriptan (zolmitriptan 2.5 mg solution, zolmitriptan 5 mg solution)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
zolmitriptan (zolmitriptan 2.5 mg tab, zolmitriptan 2.5 mg tab disp, zolmitriptan 5 mg tab, zolmitriptan 5 mg tab disp)	1	QL 9 / 30 days
ZOMIG (ZOMIG 2.5 MG SOLUTION, ZOMIG 5 MG SOLUTION)	2	
ZOMIG (ZOMIG 2.5 MG TAB, ZOMIG 5 MG TAB)	2	QL 9 / 30 days
ANTIMYCOBACTERIALS		
ANTIMYCOBACTERIALS, OTHER		
dapsone 100 mg tab	1	QL 1 / 1 days
dapsone 25 mg tab	1	QL 3 / 1 days
rifabutin	1	QL 60 / 30 days
ANTITUBERCULARS		
ethambutol hcl (ethambutol hcl 100 mg tab, ethambutol hcl 400 mg tab)	1	QL 300 / 30 days
isoniazid (isoniazid 100 mg tab, isoniazid 300 mg tab)	1	QL 90 / 30 days
isoniazid 50 mg/5ml syrup	1	QL 2700 / 30 days
pyrazinamide 500 mg tab	1	QL 240 / 30 days
rifampin (rifampin 150 mg cap, rifampin 300 mg cap)	1	
ANTINEOPLASTICS		
ALKYLATING AGENTS		
cyclophosphamide (cyclophosphamide 25 mg cap, cyclophosphamide 50 mg cap)	1	
LEUKERAN	1	
melphalan	1	
MYLERAN	1	
TEMODAR (TEMODAR 100 MG CAP, TEMODAR 140 MG CAP, TEMODAR 180 MG CAP, TEMODAR 250 MG CAP)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
temozolomide	1	PA
ANTIANDROGENS		
abiraterone acetate 250 mg tab	1	PA
abiraterone acetate 500 mg tab	2	PA
abirtega	1	PA
bicalutamide	1	QL 30 / 30 days PA
CASODEX	2	QL 30 / 30 days
ERLEADA	1	PA
flutamide	1	QL 180 / 30 days
NUBEQA	1	PA
XTANDI	1	PA
YONSA	2	PA
ZYTIGA	2	PA
ANTIANGIOGENIC AGENTS		
lenalidomide (lenalidomide 2.5 mg cap, lenalidomide 20 mg cap)	2	
lenalidomide (lenalidomide 5 mg cap, lenalidomide 10 mg cap, lenalidomide 15 mg cap, lenalidomide 25 mg cap)	2	PA
pomalidomide	2	
POMALYST	2	
REVLIMID	1	PA
THALOMID (THALOMID 50 MG CAP, THALOMID 100 MG CAP, THALOMID 200 MG CAP)	1	PA
THALOMID 150 MG CAP	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIESTROGENS/MODIFIERS		
EMCYT	1	
FARESTON	2	QL 30 / 30 days
INLURIYO	2	
ORSERDU	2	
SOLTAMOX	2	
tamoxifen citrate (tamoxifen citrate 10 mg tab, tamoxifen citrate 20 mg tab)	1	QL 60 / 30 days
toremifene citrate	2	QL 30 / 30 days
ANTIMETABOLITES		
capecitabine	1	PA
mercaptopurine 50 mg tab	1	
XELODA	2	
ANTINEOPLASTICS, OTHER		
AKEEGA	1	PA
AUGTYRO	1	PA
DROXIA	1	
FRUZAQLA	1	PA
HYDREA	2	
hydroxyurea 500 mg cap	1	
IWILFIN	1	PA
lederle leucovorin	1	QL 90 / 30 days
leucovorin calcium (leucovorin calcium 15 mg tab, leucovorin calcium 25 mg tab)	1	QL 30 / 30 days
leucovorin calcium 10 mg tab	1	QL 60 / 30 days
leucovorin calcium 5 mg tab	1	QL 90 / 30 days
LONSURF	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LYSODREN	1	
MODEYSO	2	
OJJAARA	1	PA
ORGOVYX	2	QL 90 / 30 days
QINLOCK	2	QL 90 / 30 days
SIKLOS	2	
WELIREG	1	PA
ZOLINZA	1	PA
AROMATASE INHIBITORS, 3RD GENERATION		
anastrozole 1 mg tab	1	QL 30 / 30 days
ARIMIDEX	2	QL 30 / 30 days
AROMASIN	2	QL 30 / 30 days
exemestane	1	QL 30 / 30 days
FEMARA	2	
letrozole 2.5 mg tab	1	PA
ENZYME INHIBITORS		
etoposide 50 mg cap	1	
MOLECULAR TARGET INHIBITORS		
AFINITOR	2	PA
AFINITOR DISPERZ	1	PA
ALECENSA	1	PA
ALUNBRIG (ALUNBRIG 90 & 180 MG TAB THPK, ALUNBRIG 90 MG TAB, ALUNBRIG 180 MG TAB)	1	QL 30 / 30 days PA
ALUNBRIG 30 MG TAB	1	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AVMAPKI FAKZYNJA CO-PACK	1	PA
AYVAKIT	1	QL 30 / 30 days PA
BALVERSA	1	
BOSULIF	1	PA
BRAFTOVI	1	PA
BRUKINSA 160 MG TAB	1	PA
BRUKINSA 80 MG CAP	1	QL 120 / 30 days PA
CABOMETYX	1	PA
CALQUENCE (CALQUENCE 100 MG CAP, CALQUENCE 100 MG TAB)	1	QL 60 / 30 days PA
CAPRELSA	1	PA
COMETRIQ (100 MG DAILY DOSE)	1	PA
COMETRIQ (140 MG DAILY DOSE)	1	PA
COMETRIQ (60 MG DAILY DOSE)	1	PA
COPIKTRA	1	PA
COTELLIC	1	PA
DANZITEN	2	
dasatinib	1	PA
DAURISMO	1	PA
ENSACOVE	2	
ERIVEDGE	1	PA
erlotinib hcl	1	PA
everolimus (everolimus 2 mg tab sol, everolimus 3 mg tab sol, everolimus 5 mg tab sol)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
everolimus (everolimus 2.5 mg tab, everolimus 5 mg tab, everolimus 7.5 mg tab)	1	PA
everolimus 10 mg tab	1	
EXKIVITY	1	QL 4 / 1 days PA
FARYDAK	1	PA
FOTIVDA	1	QL 21 / 28 days PA
GAVRETO	1	QL 120 / 30 days PA
gefitinib	2	
GILOTRIF	1	PA
GLEEVEC	2	PA
GOMEKLI	1	PA
HERNEXEOS	2	
HYRNUO	2	
IBRANCE	1	QL 30 / 30 days PA
IBTROZI	2	
ICLUSIG (ICLUSIG 10 MG TAB, ICLUSIG 15 MG TAB, ICLUSIG 45 MG TAB)	1	PA
ICLUSIG 30 MG TAB	2	PA
IDHIFA	1	PA
imatinib mesylate (imatinib mesylate 100 mg tab, imatinib mesylate 400 mg tab)	1	PA
IMBRUVICA (IMBRUVICA 70 MG CAP, IMBRUVICA 140 MG CAP)	1	PA
IMBRUVICA (IMBRUVICA 70 MG/ML SUSPENSION, IMBRUVICA 140 MG TAB, IMBRUVICA 280 MG TAB, IMBRUVICA 420 MG TAB, IMBRUVICA 560 MG TAB)	2	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMKELDI	2	
INLYTA	1	PA
INREBIC	1	PA
IRESSA	1	PA
ITOVEBI	1	PA
JAKAFI	1	PA
JAYPIRCA	1	PA
KISQALI (200 MG DOSE)	1	PA
KISQALI (400 MG DOSE)	1	PA
KISQALI (600 MG DOSE)	1	PA
KISQALI FEMARA (400 MG DOSE)	1	PA
KISQALI FEMARA (600 MG DOSE)	1	PA
KOMZIFTI	2	
KOSELUGO (KOSELUGO 10 MG CAP, KOSELUGO 25 MG CAP)	1	PA
KOSELUGO (KOSELUGO 5 MG CAP SPRINK, KOSELUGO 7.5 MG CAP SPRINK)	2	
KRAZATI	1	PA
lapatinib ditosylate	2	
LAZCLUZE	1	PA
LENVIMA (10 MG DAILY DOSE)	1	PA
LENVIMA (12 MG DAILY DOSE)	1	PA
LENVIMA (14 MG DAILY DOSE)	1	PA
LENVIMA (18 MG DAILY DOSE)	1	PA
LENVIMA (20 MG DAILY DOSE)	1	PA
LENVIMA (24 MG DAILY DOSE)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LENVIMA (4 MG DAILY DOSE)	1	PA
LENVIMA (8 MG DAILY DOSE)	1	PA
LORBRENA	1	PA
LUMAKRAS 120 MG TAB	1	QL 240 / 30 days PA
LUMAKRAS 240 MG TAB	1	
LUMAKRAS 320 MG TAB	1	QL 90 / 30 days PA
LYNPARZA	1	PA
LYTGOBI (12 MG DAILY DOSE)	1	PA
LYTGOBI (16 MG DAILY DOSE)	1	PA
LYTGOBI (20 MG DAILY DOSE)	1	PA
MEKINIST (MEKINIST 0.05 MG/ML RECON SOLN, MEKINIST 0.5 MG TAB, MEKINIST 2 MG TAB)	1	PA
MEKTOVI	1	PA
NERLYNX	1	PA
NEXAVAR	1	QL 4 / 1 days PA
NILOTINIB D-TARTRATE	2	
nilotinib hcl	1	PA
NINLARO	1	PA
ODOMZO	1	PA
OGSIVEO	1	PA
OJEMDA (OJEMDA 25 MG/ML RECON SUSP, OJEMDA 100 MG TAB)	1	PA
pazopanib hcl	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PEMAZYRE	1	QL 14 / 21 days PA
PHYRAGO (PHYRAGO 20 MG TAB, PHYRAGO 50 MG TAB, PHYRAGO 70 MG TAB, PHYRAGO 100 MG TAB, PHYRAGO 140 MG TAB)	2	PA
PIQRAY (200 MG DAILY DOSE)	1	PA
PIQRAY (250 MG DAILY DOSE)	1	PA
PIQRAY (300 MG DAILY DOSE)	1	PA
RETEVMO (RETEVMO 80 MG TAB, RETEVMO 120 MG TAB, RETEVMO 160 MG TAB)	1	QL 60 / 30 day(s) PA
RETEVMO 40 MG CAP	1	QL 180 / 30 days PA
RETEVMO 40 MG TAB	1	QL 90 / 30 day(s) PA
RETEVMO 80 MG CAP	1	QL 120 / 30 days PA
REVUFORJ	1	PA
REZLIDHIA	1	PA
ROMVIMZA	1	PA
ROZLYTREK	1	PA
RUBRACA	1	PA
RYDAPT	1	PA
SCEMBLIX	1	PA
sorafenib tosylate	2	
SPRYCEL	2	PA
STIVARGA	1	PA
sunitinib malate (sunitinib malate 25 mg cap, sunitinib malate 50 mg cap)	2	QL 1 / 1 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sunitinib malate 12.5 mg cap	2	QL 3 / 1 day(s)
sunitinib malate 37.5 mg cap	2	
SUTENT (SUTENT 25 MG CAP, SUTENT 50 MG CAP)	1	QL 1 / 1 day(s) PA
SUTENT 12.5 MG CAP	1	QL 3 / 1 days PA
SUTENT 37.5 MG CAP	1	PA
TABRECTA	1	QL 120 / 30 days PA
TAFINLAR (TAFINLAR 50 MG CAP, TAFINLAR 75 MG CAP)	1	PA
TAFINLAR 10 MG TAB SOL	2	
TAGRISSO	1	PA
TALZENNA	1	PA
TARCEVA	2	PA
TASIGNA	2	PA
TAZVERIK	1	QL 240 / 30 days PA
TEPMETKO	1	QL 60 / 30 days PA
TIBSOVO	1	PA
torpenz (torpenz 2.5 mg tab, torpenz 5 mg tab, torpenz 7.5 mg tab)	1	PA
torpenz 10 mg tab	1	
TRUQAP	1	PA
TRUSELTIQ (100MG DAILY DOSE)	1	QL 21 / 28 days PA
TRUSELTIQ (125MG DAILY DOSE)	1	QL 42 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUSELTIQ (50MG DAILY DOSE)	1	QL 42 / 28 days PA
TRUSELTIQ (75MG DAILY DOSE)	1	QL 63 / 28 days PA
TUKYSA	1	QL 120 / 30 days PA
TURALIO	1	PA
TYKERB	1	PA
UKONIQ	1	PA
VANFLYTA	1	PA
VENCLEXTA	1	PA
VENCLEXTA STARTING PACK	1	PA
VERZENIO	1	PA
VITRAKVI (VITRAKVI 20 MG/ML SOLUTION, VITRAKVI 25 MG CAP, VITRAKVI 100 MG CAP)	1	PA
VIZIMPRO	1	PA
VONJO	1	PA
VORANIGO 10 MG TAB	1	PA
VORANIGO 40 MG TAB	1	
VOTRIENT	1	PA
XALKORI	1	PA
XOSPATA	1	PA
XPOVIO (100 MG ONCE WEEKLY)	1	PA
XPOVIO (40 MG ONCE WEEKLY)	1	PA
XPOVIO (40 MG TWICE WEEKLY)	1	PA
XPOVIO (60 MG ONCE WEEKLY)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XPOVIO (60 MG TWICE WEEKLY)	1	PA
XPOVIO (80 MG ONCE WEEKLY)	1	PA
XPOVIO (80 MG TWICE WEEKLY)	1	PA
ZEJULA	1	PA
ZELBORAF	1	PA
ZYDELIG	1	PA
ZYKADIA	1	PA
MONOCLONAL ANTIBODY/ANTIBODY-DRUG CONJUGATE		
AUKELSO	2	
RETINOIDS		
tretinoin 10 mg cap	1	
ANTIPARASITICS		
ANTHELMINTHICS		
ivermectin 3 mg tab	1	
ANTIPROTOZOALS		
ARAKODA	2	
atovaquone-proguanil hcl 250-100 mg tab	1	QL 1 / 1 days
atovaquone-proguanil hcl 62.5-25 mg tab	1	QL 3 / 1 days
chloroquine phosphate 250 mg tab	1	QL 60 / 30 days
chloroquine phosphate 500 mg tab	1	QL 1 / 1 days
COARTEM	1	
hydroxychloroquine sulfate (hydroxychloroquine sulfate 100 mg tab, hydroxychloroquine sulfate 300 mg tab, hydroxychloroquine sulfate 400 mg tab)	1	
hydroxychloroquine sulfate 200 mg tab	1	QL 120 / 30 days
KRINTAFEL	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LIKMEZ	2	
MALARONE 250-100 MG TAB	2	QL 1 / 1 days
MALARONE 62.5-25 MG TAB	2	QL 3 / 1 days
mefloquine hcl	1	QL 5 / 26 days
nitazoxanide 500 mg tab	2	
PLAQUENIL	2	QL 120 / 30 days
primaquine phosphate	1	QL 60 / 30 days
QUALAQUIN	2	
quinine sulfate 324 mg cap	2	
SOVUNA	2	
ANTIPARKINSON AGENTS		
ANTICHOLINERGICS		
benztropine mesylate (benztropine mesylate 0.5 mg tab, benztropine mesylate 1 mg tab, benztropine mesylate 2 mg tab)	1	QL 4 / 1 days
trihexyphenidyl hcl 0.4 mg/ml solution	1	QL 38 / 1 days
trihexyphenidyl hcl 2 mg tab	1	QL 210 / 30 days
trihexyphenidyl hcl 5 mg tab	1	QL 90 / 30 days
ANTIPARKINSON AGENTS, OTHER		
amantadine hcl (amantadine hcl 100 mg cap, amantadine hcl 100 mg tab)	1	QL 4 / 1 days
amantadine hcl (amantadine hcl 50 mg/5ml solution, amantadine hcl 100 mg/10ml solution)	1	QL 40 / 1 days
carbidopa-levodopa-entacapone	2	
COMTAN	2	
entacapone	1	
GOCOVRI	2	
NOURIANZ	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONGENTYS	2	
OSMOLEX ER	2	
STALEVO 100	2	
STALEVO 125	2	
STALEVO 150	2	
STALEVO 200	2	
STALEVO 50	2	
STALEVO 75	2	
TASMAR	2	QL 90 / 30 days
tolcapone	2	QL 90 / 30 days
DOPAMINE AGONISTS		
bromocriptine mesylate (bromocriptine mesylate 2.5 mg tab, bromocriptine mesylate 5 mg cap)	1	QL 600 / 30 days
KYNMOBI	2	
MIRAPEX ER	2	QL 30 / 30 days
NEUPRO	2	
PARLODEL	1	
pramipexole dihydrochloride	1	QL 90 / 30 days
pramipexole dihydrochloride er	2	QL 30 / 30 days
ropinirole hcl (ropinirole hcl 0.25 mg tab, ropinirole hcl 0.5 mg tab, ropinirole hcl 1 mg tab, ropinirole hcl 2 mg tab, ropinirole hcl 3 mg tab, ropinirole hcl 4 mg tab, ropinirole hcl 5 mg tab)	1	QL 90 / 30 days
ropinirole hcl er (ropinirole hcl er 2 mg tab er 24h, ropinirole hcl er 4 mg tab er 24h, ropinirole hcl er 6 mg tab er 24h, ropinirole hcl er 8 mg tab er 24h, ropinirole hcl er 12 mg tab er 24h)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS		
carbidopa 25 mg tab	2	
carbidopa-levodopa (carbidopa-levodopa 10-100 mg tab disp, carbidopa-levodopa 25-100 mg tab disp, carbidopa-levodopa 25-250 mg tab disp)	2	
carbidopa-levodopa (carbidopa-levodopa 25-100 mg tab, carbidopa-levodopa 25-250 mg tab)	1	QL 240 / 30 days
carbidopa-levodopa 10-100 mg tab	1	QL 600 / 30 days
carbidopa-levodopa er (carbidopa-levodopa er 23.75-95 mg cap er, carbidopa-levodopa er 36.25-145 mg cap er, carbidopa-levodopa er 48.75-195 mg cap er, carbidopa-levodopa er 61.25-245 mg cap er)	2	
carbidopa-levodopa er (carbidopa-levodopa er 25-100 mg tab er, carbidopa-levodopa er 50-200 mg tab er)	1	QL 360 / 30 days
CREXONT	2	
DHIVY	2	
DUOPA	2	
INBRIJA	2	
LODOSYN	2	
RYTARY	2	
SINEMET	2	
MONOAMINE OXIDASE B (MAO-B) INHIBITORS		
AZILECT	2	
rasagiline mesylate (rasagiline mesylate 0.5 mg tab, rasagiline mesylate 1 mg tab)	1	
selegiline hcl (selegiline hcl 5 mg cap, selegiline hcl 5 mg tab)	1	QL 60 / 30 days
XADAGO	2	
ZELAPAR	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIPSYCHOTICS		
1ST GENERATION/TYPICAL		
chlorpromazine hcl (chlorpromazine hcl 25 mg tab, chlorpromazine hcl 50 mg tab, chlorpromazine hcl 100 mg tab, chlorpromazine hcl 200 mg tab)	2	AL1 At least 18 yrs old
chlorpromazine hcl (chlorpromazine hcl 25 mg/ml solution, chlorpromazine hcl 50 mg/2ml solution)	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
CHLORPROMAZINE HCL (CHLORPROMAZINE HCL 30 MG/ML CONC, CHLORPROMAZINE HCL 100 MG/ML CONC)	2	
chlorpromazine hcl 10 mg tab	2	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine decanoate 25 mg/ml solution	1	QL 10 / 26 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl (fluphenazine hcl 1 mg tab, fluphenazine hcl 2.5 mg tab, fluphenazine hcl 5 mg tab, fluphenazine hcl 10 mg tab)	1	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 2.5 mg/5ml elixir	2	QL 20 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 2.5 mg/ml solution	2	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
fluphenazine hcl 5 mg/ml conc	1	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HALDOL DECANOATE	2	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol (haloperidol 0.5 mg tab, haloperidol 1 mg tab, haloperidol 2 mg tab, haloperidol 5 mg tab, haloperidol 10 mg tab, haloperidol 20 mg tab)	1	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol decanoate (haloperidol decanoate 50 mg/ml solution, haloperidol decanoate 100 mg/ml solution)	1	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol lactate 2 mg/ml conc	1	QL 50 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
haloperidol lactate 5 mg/ml solution	1	QL 600 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
loxapine succinate (loxapine succinate 25 mg cap, loxapine succinate 50 mg cap)	1	QL 150 / 30 days AL1 At least 18 yrs old
loxapine succinate 10 mg cap	1	QL 240 / 30 days AL1 At least 18 yrs old
loxapine succinate 5 mg cap	1	QL 360 / 30 days AL1 At least 18 yrs old
molindone hcl	2	AL1 At least 18 yrs old
pimozide 1 mg tab	2	QL 300 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
pimozide 2 mg tab	2	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
thioridazine hcl (thioridazine hcl 10 mg tab, thioridazine hcl 25 mg tab, thioridazine hcl 50 mg tab, thioridazine hcl 100 mg tab)	2	QL 240 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
thiothixene	2	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
trifluoperazine hcl	1	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
2ND GENERATION/ATYPICAL		
ABILIFY (ABILIFY 2 MG TAB, ABILIFY 5 MG TAB, ABILIFY 10 MG TAB, ABILIFY 15 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY (ABILIFY 20 MG TAB, ABILIFY 30 MG TAB)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY ASIMTUFII 720 MG/2.4ML PRSYR	1	QL 2.4 mL / 56 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY ASIMTUFII 960 MG/3.2ML PRSYR	1	QL 3.2 mL / 56 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MAINTENA	1	QL 1 / 28 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MYCITE	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ABILIFY MYCITE MAINTENANCE KIT	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ABILIFY MYCITE STARTER KIT	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole (aripiprazole 10 mg tab disp, aripiprazole 15 mg tab disp)	2	AL1 At least 18 yrs old
aripiprazole (aripiprazole 2 mg tab, aripiprazole 5 mg tab, aripiprazole 10 mg tab, aripiprazole 15 mg tab)	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole (aripiprazole 20 mg tab, aripiprazole 30 mg tab)	1	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
aripiprazole 1 mg/ml solution	2	QL 750 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 1064 MG/3.9ML PRSYR	1	QL 3.9 / 56 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 441 MG/1.6ML PRSYR	1	QL 1.6 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 662 MG/2.4ML PRSYR	1	QL 2.4 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ARISTADA 882 MG/3.2ML PRSYR	1	QL 3.2 / 42 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ARISTADA INITIO	1	QL 2.4 / 42 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
asenapine maleate	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CAPLYTA	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
COBENFY	2	QL 60 / 30 day(s)
COBENFY STARTER PACK	2	
ERZOFRI 117 MG/0.75ML SUSP PRSYR	2	QL 0.75 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 156 MG/ML SUSP PRSYR	2	QL 1 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 234 MG/1.5ML SUSP PRSYR	2	QL 1.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 351 MG/2.25ML SUSP PRSYR	2	QL 2.25 / 28 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
ERZOFRI 39 MG/0.25ML SUSP PRSYR	2	QL 0.25 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ERZOFRI 78 MG/0.5ML SUSP PRSYR	2	QL 0.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT TITRATION PACK A	2	QL 2 tablet(s) / 1 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT TITRATION PACK B	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
FANAPT TITRATION PACK C	2	QL 2 tablet(s) / 1 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON (GEODON 60 MG CAP, GEODON 80 MG CAP)	2	
GEODON 20 MG CAP	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON 20 MG RECON SOLN	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
GEODON 40 MG CAP	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA (INVEGA 1.5 MG TAB ER 24H, INVEGA 3 MG TAB ER 24H, INVEGA 9 MG TAB ER 24H)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA 6 MG TAB ER 24H	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA HAFYERA 1092 MG/3.5ML SUSP PRSYR	1	QL 3.5 / 180 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA HAFYERA 1560 MG/5ML SUSP PRSYR	1	QL 5 / 180 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 117 MG/0.75ML SUSP PRSYR	1	QL 0.75 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 156 MG/ML SUSP PRSYR	1	QL 1 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 234 MG/1.5ML SUSP PRSYR	1	QL 1.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 39 MG/0.25ML SUSP PRSYR	1	QL 0.25 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA SUSTENNA 78 MG/0.5ML SUSP PRSYR	1	QL 0.5 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA TRINZA 273 MG/0.88ML SUSP PRSYR	1	QL 0.88 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INVEGA TRINZA 410 MG/1.32ML SUSP PRSYR	1	QL 1.32 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA TRINZA 546 MG/1.75ML SUSP PRSYR	1	QL 1.75 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
INVEGA TRINZA 819 MG/2.63ML SUSP PRSYR	1	QL 2.63 / 84 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA (LATUDA 20 MG TAB, LATUDA 40 MG TAB, LATUDA 60 MG TAB, LATUDA 120 MG TAB)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
LATUDA 80 MG TAB	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
lurasidone hcl (lurasidone hcl 20 mg tab, lurasidone hcl 40 mg tab, lurasidone hcl 60 mg tab, lurasidone hcl 120 mg tab)	1	QL 30 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
lurasidone hcl 80 mg tab	1	QL 60 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
NUPLAZID	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine (olanzapine 2.5 mg tab, olanzapine 5 mg tab, olanzapine 7.5 mg tab, olanzapine 15 mg tab, olanzapine 20 mg tab)	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
olanzapine (olanzapine 5 mg tab disp, olanzapine 10 mg tab disp, olanzapine 15 mg tab disp, olanzapine 20 mg tab disp)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 10 mg recon soln	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
olanzapine 10 mg tab	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
OPIPZA	2	
paliperidone er (paliperidone er 1.5 mg tab er 24h, paliperidone er 3 mg tab er 24h, paliperidone er 9 mg tab er 24h)	1	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
paliperidone er 6 mg tab er 24h	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
PERSERIS	1	QL 1 / 28 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate (quetiapine fumarate 300 mg tab, quetiapine fumarate 400 mg tab)	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate (quetiapine fumarate 50 mg tab, quetiapine fumarate 200 mg tab)	1	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate 100 mg tab	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
quetiapine fumarate 150 mg tab	1	AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate 25 mg tab	1	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate er (quetiapine fumarate er 150 mg tab er 24h, quetiapine fumarate er 200 mg tab er 24h)	1	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
quetiapine fumarate er (quetiapine fumarate er 50 mg tab er 24h, quetiapine fumarate er 300 mg tab er 24h, quetiapine fumarate er 400 mg tab er 24h)	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI (REXULTI 0.25 MG TAB, REXULTI 0.5 MG TAB, REXULTI 1 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
REXULTI (REXULTI 2 MG TAB, REXULTI 3 MG TAB, REXULTI 4 MG TAB)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL (RISPERDAL 0.5 MG TAB, RISPERDAL 1 MG TAB)	2	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL (RISPERDAL 3 MG TAB, RISPERDAL 4 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 1 MG/ML SOLUTION	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
RISPERDAL 2 MG TAB	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RISPERDAL CONSTA	1	QL 2 / 28 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone (risperidone 0.25 mg tab disp, risperidone 0.5 mg tab disp, risperidone 1 mg tab disp, risperidone 2 mg tab disp, risperidone 3 mg tab disp, risperidone 4 mg tab disp)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone (risperidone 0.5 mg tab, risperidone 1 mg tab)	1	QL 150 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone (risperidone 3 mg tab, risperidone 4 mg tab)	1	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 0.25 mg tab	1	QL 150 / 30 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 1 mg/ml solution	1	QL 240 / 30 DAYS AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone 2 mg tab	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone microspheres er (risperidone microspheres er 25 mg srer, risperidone microspheres er 37.5 mg srer, risperidone microspheres er 50 mg srer)	1	QL 2 / 28 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
risperidone microspheres er 12.5 mg srer	1	QL 2 / 28 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RYKINDO	1	AL1 At least 18 yrs old C Age restriction, clinical PA required
SAPHRIS	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SECUADO	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL (SEROQUEL 300 MG TAB, SEROQUEL 400 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL (SEROQUEL 50 MG TAB, SEROQUEL 200 MG TAB)	2	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 100 MG TAB	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL 25 MG TAB	2	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR (SEROQUEL XR 150 MG TAB ER 24H, SEROQUEL XR 200 MG TAB ER 24H)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
SEROQUEL XR (SEROQUEL XR 50 MG TAB ER 24H, SEROQUEL XR 300 MG TAB ER 24H, SEROQUEL XR 400 MG TAB ER 24H)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
UZEDY	1	AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VRAYLAR (VRAYLAR 0.5 MG CAP, VRAYLAR 0.75 MG CAP)	2	QL 30 / 30 day(s) AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR (VRAYLAR 1.5 MG CAP, VRAYLAR 3 MG CAP, VRAYLAR 4.5 MG CAP, VRAYLAR 6 MG CAP)	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
VRAYLAR 1.5 & 3 MG CAP THPK	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
ziprasidone hcl	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ziprasidone mesylate	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA (ZYPREXA 10 MG RECON SOLN, ZYPREXA 10 MG TAB)	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA (ZYPREXA 2.5 MG TAB, ZYPREXA 5 MG TAB, ZYPREXA 7.5 MG TAB, ZYPREXA 15 MG TAB, ZYPREXA 20 MG TAB)	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
ZYPREXA RELPREVV	2	
ZYPREXA ZYDIS	2	QL 30 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
TREATMENT-RESISTANT		
clozapine 100 mg tab	1	QL 270 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clozapine 100 mg tab disp	2	QL 270 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 12.5 mg tab disp	2	QL 60 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 150 mg tab disp	2	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 200 mg tab	1	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 200 mg tab disp	2	QL 4 / 1 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 25 mg tab	1	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 25 mg tab disp	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
clozapine 50 mg tab	1	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 100 MG TAB	2	QL 270 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLOZARIL 200 MG TAB	2	QL 120 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 25 MG TAB	2	QL 180 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
CLOZARIL 50 MG TAB	2	QL 90 / 30 days AL1 At least 18 yrs old C Age restriction, clinical PA required
IGALMI	2	
VERSACLOZ	2	AL1 At least 18 yrs old C Age restriction, clinical PA required
ANTISPASTICITY AGENTS		
baclofen (baclofen 5 mg/5ml solution, baclofen 10 mg/5ml solution, baclofen 15 mg tab, baclofen 25 mg/5ml suspension)	2	
baclofen 10 mg tab	1	QL 150 / 30 days
baclofen 20 mg tab	1	QL 4 / 1 days
baclofen 5 mg tab	1	QL 120 / 30 days
DANTRIUM 25 MG CAP	2	
dantrolene sodium (dantrolene sodium 25 mg cap, dantrolene sodium 50 mg cap, dantrolene sodium 100 mg cap)	1	QL 4 / 1 days
FLEQSUVY	2	
LYVISPAH	2	
ONTRALFY	2	
OZOBAX	2	
OZOBAX DS	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tizanidine hcl (tizanidine hcl 2 mg cap, tizanidine hcl 4 mg cap, tizanidine hcl 6 mg cap, tizanidine hcl 8 mg cap)	2	
tizanidine hcl (tizanidine hcl 2 mg tab, tizanidine hcl 4 mg tab)	1	QL 180 / 30 days
ZANAFLEX	2	
ANTIVIRALS		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS		
LIVTENCITY	2	
PREVYMIS (PREVYMIS 20 MG PACKET, PREVYMIS 120 MG PACKET)	2	
PREVYMIS (PREVYMIS 240 MG TAB, PREVYMIS 480 MG TAB)	1	PA
VALCYTE (VALCYTE 50 MG/ML RECON SOLN, VALCYTE 450 MG TAB)	2	
valganciclovir hcl (valganciclovir hcl 50 mg/ml recon soln, valganciclovir hcl 450 mg tab)	1	
ANTI-HEPATITIS B (HBV) AGENTS		
adefovir dipivoxil	1	
BARACLUDE (BARACLUDE 0.5 MG TAB, BARACLUDE 1 MG TAB)	2	QL 30 / 30 days
BARACLUDE 0.05 MG/ML SOLUTION	1	QL 20 / 1 days
entecavir	1	QL 30 / 30 days
EPIVIR HBV 100 MG TAB	2	
EPIVIR HBV 5 MG/ML SOLUTION	1	
HEPSERA	1	
lamivudine 100 mg tab	1	
VEMLIDY	2	QL 30 / 30 days
ANTI-HEPATITIS C (HCV) AGENTS		
EPCLUSA (EPCLUSA 150-37.5 MG PACKET, EPCLUSA 200-50 MG TAB)	2	QL 28 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EPCLUSA 200-50 MG PACKET	2	QL 56 / 28 days
EPCLUSA 400-100 MG TAB	2	QL 28 / 28 days C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 12 week treatment duration
HARVONI	2	
LEDIPASVIR-SOFOSBUVIR	2	
MAVYRET 100-40 MG TAB	1	QL 84 / 28 days C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 8 week treatment duration
MAVYRET 50-20 MG PACKET	1	QL 140 / 28 days C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 8 week treatment duration
ribavirin (ribavirin 200 mg cap, ribavirin 200 mg tab)	1	QL 210 / 30 days
SOFOSBUVIR-VELPATASVIR	1	QL 28 / 28 days C Exceptions will be made via prior authorization if medically necessary according to current AASLD guidance QLC Max 12 week treatment duration
SOVALDI	2	
VIEKIRA PAK	2	
VOSEVI	2	QL 30 / 30 days
ZEPATIER	2	QL 28 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)		
APRETUDE	1	QLC 3ml/28 days
BIKTARVY	1	QL 30 / 30 days
DOVATO	1	
GENVOYA	1	QL 30 / 30 days
ISENTRESS (ISENTRESS 25 MG CHEW TAB, ISENTRESS 100 MG CHEW TAB)	1	QL 180 / 30 days
ISENTRESS 100 MG PACKET	1	
ISENTRESS 400 MG TAB	1	QL 60 / 30 days
ISENTRESS HD	2	QL 60 / 30 days
JULUCA	1	QL 30 / 30 days
STRIBILD	2	QL 30 / 30 days
TIVICAY	1	QL 60 / 30 days
TIVICAY PD	1	QL 180 / 30 days
VOCABRIA	2	QL 30 / 30 days
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
COMPLERA	1	QL 30 / 30 days
DELSTRIGO	1	QL 30 / 30 days
EDURANT	1	QL 30 / 30 days
EDURANT PED	2	
efavirenz (efavirenz 50 mg cap, efavirenz 200 mg cap)	1	QL 90 / 30 days
efavirenz 600 mg tab	1	QL 30 / 30 days
efavirenz-emtricitab-tenofo df	1	
efavirenz-lamivudine-tenofovir	2	
emtricitab-rilpivir-tenofov df	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
etravirine	2	
INTELENCE 100 MG TAB	2	QL 120 / 30 days
INTELENCE 200 MG TAB	2	QL 60 / 30 days
INTELENCE 25 MG TAB	2	
nevirapine 200 mg tab	1	QL 60 / 30 days
nevirapine 50 mg/5ml suspension	2	QL 1200 / 30 days
nevirapine er 100 mg tab er 24h	2	
nevirapine er 400 mg tab er 24h	2	QL 30 / 30 days
ODEFSEY	1	QL 30 / 30 days
PIFELTRO	2	QL 60 / 30 days
rilpivirine hcl	2	
SUSTIVA (SUSTIVA 50 MG CAP, SUSTIVA 200 MG CAP)	2	QL 90 / 30 days
SUSTIVA 600 MG TAB	2	QL 30 / 30 days
SYMFI	1	QL 30 / 30 days
SYMFI LO	1	QL 30 / 30 days
VIRAMUNE XR	2	QL 30 / 30 days
ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)		
abacavir sulfate 20 mg/ml solution	1	QL 900 / 30 days
abacavir sulfate 300 mg tab	1	QL 60 / 30 days
abacavir sulfate-lamivudine	1	QL 30 / 30 days
CIMDUO	1	QL 30 / 30 days
COMBIVIR	2	QL 60 / 30 days
DESCOVY	1	QL 30 / 30 days
emtricitabine	1	
emtricitabine-tenofovir df	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMTRIVA 10 MG/ML SOLUTION	1	QL 720 / 30 days
EMTRIVA 200 MG CAP	2	QL 30 / 30 days
EPIVIR 10 MG/ML SOLUTION	2	
EPIVIR 150 MG TAB	2	QL 60 / 30 days
EPIVIR 300 MG TAB	2	QL 30 / 30 days
EPZICOM	2	QL 30 / 30 days
lamivudine (lamivudine 10 mg/ml solution, lamivudine 300 mg/30ml solution)	1	QL 900 / 30 days
lamivudine 150 mg tab	1	QL 60 / 30 days
lamivudine 300 mg tab	1	QL 30 / 30 days
lamivudine-zidovudine	1	QL 60 / 30 days
RETROVIR (RETROVIR 50 MG/5ML SYRUP, RETROVIR 100 MG CAP)	2	
stavudine (stavudine 15 mg cap, stavudine 20 mg cap)	2	QL 120 / 30 days
stavudine (stavudine 30 mg cap, stavudine 40 mg cap)	2	QL 60 / 30 days
tenofovir disoproxil fumarate	1	QL 30 / 30 days
TRIUMEQ	1	QL 30 / 30 days
TRIUMEQ PD	2	
TRIZIVIR	2	QL 60 / 30 days
TRUVADA	2	QL 30 / 30 days
VIDEX	1	
VIREAD (VIREAD 200 MG TAB, VIREAD 250 MG TAB)	1	QL 30 / 30 days
VIREAD 150 MG TAB	1	QL 60 / 30 days
VIREAD 300 MG TAB	2	QL 30 / 30 days
VIREAD 40 MG/GM POWDER	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZIAGEN 20 MG/ML SOLUTION	2	
ZIAGEN 300 MG TAB	2	QL 60 / 30 days
zidovudine 100 mg cap	1	QL 180 / 30 days
zidovudine 300 mg tab	1	QL 60 / 30 days
zidovudine 50 mg/5ml syrup	1	QL 1800 / 30 days
ANTI-HIV AGENTS, OTHER		
CABENUVA 400 & 600 MG/2ML SUSP	1	QLC 4 mL/28 days
CABENUVA 600 & 900 MG/3ML SUSP	1	QLC 6 mL/28 days
FUZEON	2	QL 60 / 30 days
maraviroc	2	
RUKOBIA	2	QL 60 / 30 days
SELZENTRY (SELZENTRY 20 MG/ML SOLUTION, SELZENTRY 25 MG TAB, SELZENTRY 75 MG TAB)	2	
SELZENTRY 150 MG TAB	2	QL 60 / 30 days
SELZENTRY 300 MG TAB	2	QL 120 / 30 days
SUNLENCA 4 X 300 MG TAB THPK	2	QL 4 / 365 days
SUNLENCA 5 X 300 MG TAB THPK	2	QL 5 / 365 days
TROGARZO	2	
TYBOST	2	QL 30 / 30 days
YEZTUGO (YEZTUGO 300 MG TAB, YEZTUGO 463.5 MG/1.5ML SOLUTION)	1	
ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)		
APTIVUS	2	QL 120 / 30 days
atazanavir sulfate (atazanavir sulfate 150 mg cap, atazanavir sulfate 200 mg cap)	1	QL 60 / 30 days
atazanavir sulfate 300 mg cap	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
darunavir	1	
EVOTAZ	1	QL 30 / 30 days
fosamprenavir calcium	2	QL 120 / 30 days
KALETRA 100-25 MG TAB	2	QL 300 / 30 days
KALETRA 200-50 MG TAB	2	QL 120 / 30 days
KALETRA 400-100 MG/5ML SOLUTION	1	QL 400 / 30 days
LEXIVA 50 MG/ML SUSPENSION	2	QL 1680 / 30 days
LEXIVA 700 MG TAB	2	
lopinavir-ritonavir (lopinavir-ritonavir 100-25 mg tab, lopinavir-ritonavir 200-50 mg tab)	1	
lopinavir-ritonavir 400-100 mg/5ml solution	1	QL 400 / 30 days
NORVIR 100 MG PACKET	1	QL 360 / 30 days
NORVIR 100 MG TAB	2	
NORVIR 80 MG/ML SOLUTION	1	QL 480 / 30 days
PREZCOBIX 675-150 MG TAB	1	
PREZCOBIX 800-150 MG TAB	1	QL 30 / 30 days
PREZISTA 100 MG/ML SUSPENSION	1	QL 12 / 1 days
PREZISTA 150 MG TAB	2	QL 120 / 30 days
PREZISTA 600 MG TAB	2	QL 60 / 30 days
PREZISTA 75 MG TAB	2	QL 180 / 30 days
PREZISTA 800 MG TAB	2	QL 30 / 30 days
REYATAZ 200 MG CAP	2	QL 60 / 30 days
REYATAZ 300 MG CAP	2	QL 30 / 30 days
REYATAZ 50 MG PACKET	1	
ritonavir	1	QL 360 / 30 days
SYMTUZA	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIRACEPT 250 MG TAB	2	QL 270 / 30 days
VIRACEPT 625 MG TAB	2	QL 120 / 30 days
ANTI-INFLUENZA AGENTS		
oseltamivir phosphate (oseltamivir phosphate 6 mg/ml recon susp, oseltamivir phosphate 30 mg cap, oseltamivir phosphate 45 mg cap, oseltamivir phosphate 75 mg cap)	1	QLC Max 21 day supply every 365 days
RAPIVAB	2	
RELENZA DISKHALER	2	
rimantadine hcl	2	
TAMIFLU (TAMIFLU 6 MG/ML RECON SUSP, TAMIFLU 30 MG CAP, TAMIFLU 45 MG CAP, TAMIFLU 75 MG CAP)	2	QLC Max 21 day supply every 365 days
XOFLUZA (40 MG DOSE) 1 X 40 MG TAB THPK	2	
XOFLUZA (80 MG DOSE) 1 X 80 MG TAB THPK	2	
ANTIHERPETIC AGENTS		
abreva	1	
acyclovir (acyclovir 200 mg cap, acyclovir 400 mg tab, acyclovir 800 mg tab)	1	QL 150 / 30 days
acyclovir (acyclovir 200 mg/5ml suspension, acyclovir 800 mg/20ml suspension)	1	QL 1500 / 30 days
docosanol 10 % cream	1	
famciclovir (famciclovir 125 mg tab, famciclovir 250 mg tab)	1	QL 3 / 1 days
famciclovir 500 mg tab	1	QL 1 / 1 days
ft docosanol	1	
gnp docosanol	1	
hm docosanol	1	
SITAVIG	2	
valacyclovir hcl (valacyclovir hcl 1 gm tab, valacyclovir hcl 500 mg tab)	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VALTREX	2	
ZOVIRAX 200 MG/5ML SUSPENSION	2	
ANTIVIRAL, CORONAVIRUS AGENTS		
PAXLOVID (150/100)	1	
PAXLOVID (300/100)	1	
ANXIOLYTICS		
ANXIOLYTICS, OTHER		
BUCAPSOL	2	
buspirone hcl (buspirone hcl 5 mg tab, buspirone hcl 10 mg tab)	1	QL 180 / 30 days
buspirone hcl (buspirone hcl 7.5 mg tab, buspirone hcl 15 mg tab)	1	QL 4 / 1 days
buspirone hcl 30 mg tab	1	QL 90 / 30 days
hydroxyzine pamoate (hydroxyzine pamoate 25 mg cap, hydroxyzine pamoate 50 mg cap, hydroxyzine pamoate 100 mg cap)	1	QL 180 / 30 days
meprobamate	2	QL 180 / 30 days
VISTARIL	2	
BENZODIAZEPINES		
alprazolam (alprazolam 0.25 mg tab disp, alprazolam 0.5 mg tab disp, alprazolam 1 mg tab disp, alprazolam 2 mg tab disp)	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam (alprazolam 0.25 mg tab, alprazolam 0.5 mg tab, alprazolam 1 mg tab)	1	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam 2 mg tab	1	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam er	2	AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALPRAZOLAM INTENSOL	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
alprazolam xr	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN (ATIVAN 2 MG/ML SOLUTION, ATIVAN 4 MG/ML SOLUTION)	2	
ATIVAN 0.5 MG TAB	2	QL 180 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN 1 MG TAB	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
ATIVAN 2 MG TAB	2	QL 120 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
chlordiazepoxide hcl 10 mg cap	1	QL 300 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
chlordiazepoxide hcl 25 mg cap	1	QL 360 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
chlordiazepoxide hcl 5 mg cap	1	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clonazepam (clonazepam 0.125 mg tab disp, clonazepam 0.25 mg tab disp, clonazepam 0.5 mg tab disp, clonazepam 1 mg tab disp, clonazepam 2 mg tab disp)	1	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clonazepam (clonazepam 0.5 mg tab, clonazepam 1 mg tab, clonazepam 2 mg tab)	1	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clorazepate dipotassium (clorazepate dipotassium 3.75 mg tab, clorazepate dipotassium 7.5 mg tab)	2	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
clorazepate dipotassium 15 mg tab	2	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam (diazepam 2 mg tab, diazepam 5 mg tab, diazepam 10 mg tab)	1	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam (diazepam 5 mg/ml solution, diazepam 10 mg/2ml soln a-inj, diazepam 10 mg/2ml solution)	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 5 mg/5ml solution	1	QL 40 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam 5 mg/ml conc	2	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
diazepam intensol	2	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
KLONOPIN (KLONOPIN 1 MG TAB, KLONOPIN 2 MG TAB)	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
KLONOPIN 0.5 MG TAB	2	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LORAZEPAM (LORAZEPAM 2 MG/ML SOLN PRSYR, LORAZEPAM 2 MG/ML SOLUTION, LORAZEPAM 4 MG/ML SOLUTION)	1	AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 0.5 mg tab	1	QL 180 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 1 mg tab	1	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 2 mg tab	1	QL 120 / 30 day(s) AL1 At least 21 yrs old C Age restriction, clinical PA required
lorazepam 2 mg/ml conc	2	QL 150 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
LORAZEPAM 2 MG/ML SOLUTION	1	
lorazepam intensol	2	QL 150 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
LOREEV XR (LOREEV XR 1 MG CP24 SPRNK, LOREEV XR 1.5 MG CP24 SPRNK)	2	QL 30 / 30 day(s)
LOREEV XR (LOREEV XR 2 MG CP24 SPRNK, LOREEV XR 3 MG CP24 SPRNK)	2	QL 60 / 30 day(s)
oxazepam 10 mg cap	2	QL 240 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
oxazepam 15 mg cap	2	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
oxazepam 30 mg cap	2	QL 4 / 1 days AL1 At least 21 yrs old C Age restriction, clinical PA required
TRANXENE-T	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
VALIUM (VALIUM 5 MG TAB, VALIUM 10 MG TAB)	2	QL 120 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
VALIUM 2 MG TAB	2	QL 120 / 30 days
XANAX (XANAX 0.25 MG TAB, XANAX 0.5 MG TAB, XANAX 1 MG TAB)	2	QL 180 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX 2 MG TAB	2	QL 90 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
XANAX XR	2	AL1 At least 21 yrs old C Age restriction, clinical PA required
BIPOLAR AGENTS		
MOOD STABILIZERS		
EQUETRO	1	
LAMICTAL (LAMICTAL 150 MG TAB, LAMICTAL 200 MG TAB)	2	QL 90 / 30 days
LAMICTAL (LAMICTAL 25 MG TAB, LAMICTAL 100 MG TAB)	2	
LAMICTAL STARTER	2	
lamotrigine (lamotrigine 150 mg tab, lamotrigine 200 mg tab)	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lamotrigine 100 mg tab	1	QL 150 / 30 days
lamotrigine 25 mg tab	1	
lamotrigine starter kit-blue	2	
lamotrigine starter kit-green	2	
lamotrigine starter kit-orange	2	
lithium carbonate (lithium carbonate 150 mg cap, lithium carbonate 300 mg cap, lithium carbonate 300 mg tab, lithium carbonate 600 mg cap)	1	QL 4 / 1 days
lithium carbonate er	1	QL 4 / 1 days
subvenite (subvenite 150 mg tab, subvenite 200 mg tab)	1	QL 90 / 30 days
SUBVENITE 10 MG/ML SUSPENSION	2	
subvenite 100 mg tab	1	QL 150 / 30 days
subvenite 25 mg tab	1	
subvenite starter kit-blue	2	
subvenite starter kit-green	2	
subvenite starter kit-orange	2	
BLOOD GLUCOSE REGULATORS		
ANTIDIABETIC AGENTS		
acarbose (acarbose 25 mg tab, acarbose 50 mg tab, acarbose 100 mg tab)	1	QL 90 / 30 days
ACTOPLUS MET	2	QL 90 / 30 days
ACTOS	2	QL 30 / 30 days
ADLYXIN	2	
ADLYXIN STARTER PACK	2	
alogliptin benzoate	2	
alogliptin-metformin hcl	2	
alogliptin-pioglitazone	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AMARYL (AMARYL 1 MG TAB, AMARYL 4 MG TAB)	2	QL 60 / 30 days
AMARYL 2 MG TAB	2	QL 90 / 30 days
BEXAGLIFLOZIN	2	
BRENZAVVY	2	
BYDUREON BCISE	2	QL 3.4 / 28 days
BYETTA 10 MCG PEN	2	QL 2.4 / 30 days
BYETTA 5 MCG PEN	2	QL 1.2 / 30 days
dapagliflozin pro-metformin er	2	
DUETACT	2	QL 30 / 30 days
EXENATIDE 10 MCG/0.04ML SOLN PEN	2	QL 2.4 / 30 days
EXENATIDE 5 MCG/0.02ML SOLN PEN	2	QL 1.2 / 30 days
glimepiride (glimepiride 1 mg tab, glimepiride 4 mg tab)	1	QL 60 / 30 days
glimepiride 2 mg tab	1	QL 90 / 30 days
GLIMEPIRIDE 3 MG TAB	2	
glipizide 10 mg tab	1	QL 120 / 30 day(s)
glipizide 2.5 mg tab	2	
glipizide 5 mg tab	1	QL 4 / 1 days
glipizide er 10 mg tab er 24h	1	QL 60 / 30 days
glipizide er 2.5 mg tab er 24h	1	QL 240 / 30 days
glipizide er 5 mg tab er 24h	1	QL 4 / 1 days
glipizide xl 10 mg tab er 24h	1	QL 60 / 30 days
glipizide xl 2.5 mg tab er 24h	1	QL 240 / 30 days
glipizide xl 5 mg tab er 24h	1	QL 4 / 1 days
glipizide-metformin hcl 2.5-250 mg tab	1	QL 210 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
glipizide-metformin hcl 2.5-500 mg tab	1	QL 150 / 30 days
glipizide-metformin hcl 5-500 mg tab	1	QL 4 / 1 days
GLUCOTROL XL (GLUCOTROL XL 2.5 MG TAB ER 24H, GLUCOTROL XL 5 MG TAB ER 24H)	2	
GLUCOTROL XL 10 MG TAB ER 24H	2	QL 60 / 30 days
GLUMETZA 1000 MG TAB ER 24H	2	QL 60 / 30 days
GLUMETZA 500 MG TAB ER 24H	2	QL 90 / 30 days
glyburide (glyburide 1.25 mg tab, glyburide 2.5 mg tab, glyburide 5 mg tab)	1	QL 4 / 1 days
glyburide micronized	1	QL 60 / 30 days
glyburide-metformin	1	QL 4 / 1 days
GLYNASE	2	QL 60 / 30 days
GLYXAMBI	2	
INVOKAMET	2	
INVOKAMET XR	2	
JANUMET	1	QL 60 / 30 days PA
JANUMET XR (JANUMET XR 50-1000 MG TAB ER 24H, JANUMET XR 50-500 MG TAB ER 24H)	1	QL 60 / 30 days PA
JANUMET XR 100-1000 MG TAB ER 24H	1	QL 30 / 30 days PA
JANUVIA	1	QL 30 / 30 days PA
JENTADUETO (JENTADUETO 2.5-1000 MG TAB, JENTADUETO 2.5-850 MG TAB)	1	QL 60 / 30 days PA
JENTADUETO 2.5-500 MG TAB	1	QL 60 / 30 days
JENTADUETO XR 2.5-1000 MG TAB ER 24H	1	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JENTADUETO XR 5-1000 MG TAB ER 24H	1	QL 30 / 30 days PA
KAZANO	2	
KOMBIGLYZE XR	2	
liraglutide	2	QL 15 / 30 day(s)
metformin hcl (metformin hcl 500 mg/5ml solution, metformin hcl 625 mg tab, metformin hcl 750 mg tab)	2	
metformin hcl 1000 mg tab	1	QL 75 / 30 days
metformin hcl 500 mg tab	1	QL 150 / 30 days
metformin hcl 850 mg tab	1	QL 90 / 30 days
metformin hcl er (mod) 1000 mg tab er 24h	2	QL 60 / 30 days
metformin hcl er (mod) 500 mg tab er 24h	2	QL 90 / 30 days
metformin hcl er (osm) 1000 mg tab er 24h	2	QL 60 / 30 days
metformin hcl er (osm) 500 mg tab er 24h	2	QL 90 / 30 days
metformin hcl er 500 mg tab er 24h	1	QL 150 / 30 days
metformin hcl er 750 mg tab er 24h	1	QL 90 / 30 days
miglitol	2	
MOUNJARO	2	QL 2 mL / 28 day(s)
nateglinide	1	QL 90 / 30 days
NESINA	2	
ONGLYZA	2	
OSENI	2	
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/1.5ML SOLN PEN	1	QL 1.5 / 28 days PA
OZEMPIC (0.25 OR 0.5 MG/DOSE) 2 MG/3ML SOLN PEN	1	QL 3 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OZEMPIC (1 MG/DOSE)	1	QL 3 / 28 days PA
OZEMPIC (2 MG/DOSE)	1	QL 3 / 28 days PA
pioglitazone hcl	1	QL 30 / 30 days
pioglitazone hcl-glimepiride	2	QL 30 / 30 days
pioglitazone hcl-metformin hcl	2	QL 90 / 30 days
PRECOSE	2	QL 90 / 30 days
QTERN	2	
repaglinide (repaglinide 0.5 mg tab, repaglinide 1 mg tab)	1	QL 120 / 30 days
repaglinide 2 mg tab	1	QL 240 / 30 days
RIOMET	2	
RYBELSUS	1	QL 30 / 30 days PA
saxagliptin hcl	2	
saxagliptin-metformin er	2	
SEGLUROMET	2	QL 60 / 30 days
SITAGLIPT BASE-METFORM HCL ER	2	
SITAGLIPTIN	2	
SITAGLIPTIN BASE-METFORMIN HCL	2	
SOLIQUA	2	QLC 18 mL/30 days
STEGLUJAN	2	
SYMLINPEN 120	2	
SYMLINPEN 60	2	
SYNJARDY	1	
SYNJARDY XR	1	
TRADJENTA	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRIJARDY XR (TRIJARDY XR 10-5-1000 MG TAB ER 24H, TRIJARDY XR 25-5-1000 MG TAB ER 24H)	2	QL 30 / 30 days
TRIJARDY XR (TRIJARDY XR 5-2.5-1000 MG TAB ER 24H, TRIJARDY XR 12.5-2.5-1000 MG TAB ER 24H)	2	QL 60 / 30 days
TRULICITY	1	QL 2 / 28 days PA
VICTOZA	1	QL 15 / 30 day(s) PA
XIGDUO XR (XIGDUO XR 2.5-1000 MG TAB ER 24H, XIGDUO XR 5-1000 MG TAB ER 24H, XIGDUO XR 5-500 MG TAB ER 24H, XIGDUO XR 10-1000 MG TAB ER 24H, XIGDUO XR 10-500 MG TAB ER 24H)	1	
XULTOPHY	2	QLC 15 mL/30 days
ZITUVIMET	2	
ZITUVIMET XR	2	
ZITUVIO	2	
GLYCEMIC AGENTS		
BAQSIMI ONE PACK	1	
BAQSIMI TWO PACK	1	
CVS GLUCOSE (CVS GLUCOSE 4 GM CHEW TAB, CVS GLUCOSE 4-6 GM-MG CHEW TAB)	1	
cvs soft glucose	1	
DEX4	1	
DEX4 GLUCOSE 4-6 GM-MG CHEW TAB	1	
DEX4 NATURALS	1	
DEX4 POUCH PACK	1	
DEX4 QUICK DISSOLVE GLUCOSE	1	
ft glucose	1	
GLUCAGEN DIAGNOSTIC	1	QL 2 / 22 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCAGEN HYPOKIT	1	QL 1 / 22 day(s)
glucagon emergency 1 mg recon soln	1	QL 1 / 26 day(s)
GLUCAGON EMERGENCY 1 MG/ML RECON SOLN	1	
gluco to go	1	
glucose (glucose 4 gm chew tab, glucose 4-6 gm-mg chew tab)	1	
GLUCOSE INSTANT ENERGY	1	
gnp glucose (gnp glucose 4 gm chew tab, gnp glucose 4-6 gm-mg chew tab)	1	
GNP QUICK DISSOLVE GLUCOSE	1	
GOODSENSE GLUCOSE	1	
GVOKE HYPOPEN 1-PACK	1	QLC 0.4 mL/30 days
GVOKE HYPOPEN 2-PACK	1	QLC 0.4 mL/30 days
GVOKE KIT	1	
GVOKE PFS	1	QLC 0.4 mL/30 days
hy-vee glucose	1	
KROGER GLUCOSE	1	
LEADER GLUCOSE	1	
LEADER QUICK DISSOLVE GLUCOSE	1	
LONGS GLUCOSE	1	
MEIJER GLUCOSE	1	
PREFERRED PLUS GLUCOSE	1	
PX GLUCOSE	1	
RA GLUCOSE	1	
RELION GLUCOSE 4-6 GM-MG CHEW TAB	1	
SM GLUCOSE (SM GLUCOSE 4 GM CHEW TAB, SM GLUCOSE 4-6 GM-MG CHEW TAB)	1	
SMART SENSE GLUCOSE	1	
TGT GLUCOSE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUEPLUS GLUCOSE 4 GM CHEW TAB	1	
TRUEPLUS GLUCOSE ON THE GO	1	
UP & UP GLUCOSE	1	
VALUE PLUS GLUCOSE 4-6 GM-MG CHEW TAB	1	
WALGREENS GLUCOSE (WALGREENS GLUCOSE 4 GM CHEW TAB, WALGREENS GLUCOSE 4-6 GM-MG CHEW TAB)	1	
ZEGALOGUE	1	
INSULINS		
ADMELOG	2	QL 40 / 30 days
ADMELOG SOLOSTAR	2	QL 45 / 30 days
AFREZZA	2	
APIDRA	1	QL 40 / 30 days
APIDRA SOLOSTAR	1	QL 45 / 30 days
BASAGLAR KWIKPEN	2	QL 45 / 30 days
BASAGLAR TEMPO PEN	2	
FIASP	2	
FIASP FLEXTOUCH	2	
FIASP PENFILL	2	
FIASP PUMPCART	2	
HUMALOG	2	QL 40 / 30 days
HUMALOG JUNIOR KWIKPEN	2	QL 45 / 30 days
HUMALOG KWIKPEN 100 UNIT/ML SOLN PEN	2	QL 45 / 30 days
HUMALOG KWIKPEN 200 UNIT/ML SOLN PEN	2	QL 18 / 23 days
HUMALOG MIX 50/50	1	QL 40 / 30 days
HUMALOG MIX 50/50 KWIKPEN	1	QL 45 / 30 days
HUMALOG MIX 75/25	1	QL 40 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMALOG MIX 75/25 KWIKPEN	2	QL 45 / 30 days
HUMALOG TEMPO PEN	2	
HUMULIN 70/30	1	QL 40 / 30 days
HUMULIN 70/30 KWIKPEN	2	QL 45 / 30 days
HUMULIN N	1	QL 40 / 30 days
HUMULIN N KWIKPEN	1	QL 45 / 30 days
HUMULIN R	1	QL 40 / 30 days
HUMULIN R U-500 (CONCENTRATED)	1	QL 20 / 30 days
HUMULIN R U-500 KWIKPEN	1	QL 15 / 30 days
INSULIN ASP PROT & ASP FLEXPEN	1	QL 45 / 30 days
INSULIN ASPART	1	QL 40 / 30 days
INSULIN ASPART FLEXPEN	1	QL 45 / 30 days
INSULIN ASPART PENFILL	1	QL 45 / 30 days
INSULIN ASPART PROT & ASPART	1	QL 40 / 30 days
INSULIN DEGLUDEC	2	
INSULIN DEGLUDEC FLEXTOUCH	2	
INSULIN GLARGINE	1	QL 40 / 30 days
INSULIN GLARGINE MAX SOLOSTAR	1	QL 12 / 30 days
INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN	1	QL 45 / 30 days
INSULIN GLARGINE SOLOSTAR 300 UNIT/ML SOLN PEN	1	QL 13.5 / 30 days
INSULIN GLARGINE-YFGN	2	
INSULIN LISPRO	1	QL 40 / 30 days
INSULIN LISPRO (1 UNIT DIAL)	1	QL 45 / 30 days
INSULIN LISPRO JUNIOR KWIKPEN	1	QL 45 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSULIN LISPRO PROT & LISPRO	1	QL 45 / 30 days
KIRSTY	2	
LANTUS	1	QL 40 / 30 days
LANTUS SOLOSTAR	1	QL 45 / 30 days
LEVEMIR	1	QL 40 / 30 days
LEVEMIR FLEXPEN	1	QL 45 / 30 days
LEVEMIR FLEXTOUCH	1	QL 45 / 30 days
LYUMJEV	2	
LYUMJEV KWIKPEN	2	
LYUMJEV TEMPO PEN	2	
MERILOG	2	
MERILOG SOLOSTAR	2	
NOVOLIN 70/30	2	QL 40 / 30 days
NOVOLIN 70/30 FLEXPEN	2	QL 45 / 30 days
NOVOLIN 70/30 FLEXPEN RELION	2	QL 45 / 30 days
NOVOLIN 70/30 RELION	2	QL 40 / 30 days
NOVOLIN N	1	QL 40 / 30 days
NOVOLIN N FLEXPEN	1	QL 45 / 30 days
NOVOLIN N FLEXPEN RELION	1	QL 45 / 30 days
NOVOLIN N RELION	1	QL 40 / 30 days
NOVOLIN R	1	QL 40 / 30 days
NOVOLIN R FLEXPEN	1	
NOVOLIN R FLEXPEN RELION	1	
NOVOLIN R RELION	1	QL 40 / 30 days
NOVOLOG	1	QL 40 / 30 days
NOVOLOG 70/30 FLEXPEN RELION	1	QL 45 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVOLOG FLEXPEN	1	QL 45 / 30 days
NOVOLOG FLEXPEN RELION	1	QL 45 / 30 days
NOVOLOG MIX 70/30	1	QL 40 / 30 days
NOVOLOG MIX 70/30 FLEXPEN	1	QL 45 / 30 days
NOVOLOG MIX 70/30 RELION	1	QL 40 / 30 days
NOVOLOG PENFILL	1	QL 45 / 30 days
NOVOLOG RELION	1	QL 40 / 30 days
REZVOGLAR KWIKPEN	2	
SEMGLEE (YFGN)	2	
SEMGLEE 100 UNIT/ML SOLN PEN	2	QL 45 / 30 days
SEMGLEE 100 UNIT/ML SOLUTION	2	QL 40 / 30 days
TOUJEO MAX SOLOSTAR	1	QL 12 / 30 days
TOUJEO SOLOSTAR	1	QL 13.5 / 30 days
TRESIBA	2	
TRESIBA FLEXTOUCH	2	
BLOOD PRODUCTS AND MODIFIERS		
ANTICOAGULANTS		
ARIXTRA	2	C Limited to a 10 day supply
BD HEPARIN POSIFLUSH	1	
dabigatran etexilate mesylate	1	
ELIQUIS (1.5 MG PACK)	2	
ELIQUIS (2 MG PACK)	2	
ELIQUIS (ELIQUIS 0.15 MG CAP SPRINK, ELIQUIS 0.5 MG TAB SOL)	2	
ELIQUIS 2.5 MG TAB	1	QL 60 / 30 days
ELIQUIS 5 MG TAB	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELIQUIS DVT/PE STARTER PACK	1	
enoxaparin sodium (enoxaparin sodium 100 mg/ml soln prsyr, enoxaparin sodium 150 mg/ml soln prsyr, enoxaparin sodium 300 mg/3ml solution)	1	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
enoxaparin sodium (enoxaparin sodium 80 mg/0.8ml soln prsyr, enoxaparin sodium 120 mg/0.8ml soln prsyr)	1	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
enoxaparin sodium 30 mg/0.3ml soln prsyr	1	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.6 mL/day
enoxaparin sodium 40 mg/0.4ml soln prsyr	1	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.8 mL/day
enoxaparin sodium 60 mg/0.6ml soln prsyr	1	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.2 mL/day
ENOXILUV KIT	2	
fondaparinux sodium	2	C Limited to a 10 day supply
FRAGMIN	2	
HEPARIN NA (PORK) LOCK FLSH PF (HEPARIN NA (PORK) LOCK FLSH PF 10 UNIT/ML SOLUTION, HEPARIN NA (PORK) LOCK FLSH PF 100 UNIT/ML SOLUTION)	1	
HEPARIN SOD (PORK) LOCK FLUSH	1	
heparin sodium (porcine) (heparin sodium (porcine) 1000 unit/ml solution, heparin sodium (porcine) 5000 unit/ml solution, heparin sodium (porcine) 10000 unit/ml solution, heparin sodium (porcine) 20000 unit/ml solution)	1	
heparin sodium (porcine) +rfid	1	
jantoven	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOVENOX (LOVENOX 150 MG/ML SOLN PRSYR, LOVENOX 300 MG/3ML SOLUTION)	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
LOVENOX 100 MG/ML SOLN PRSYR	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 2 mL/day
LOVENOX 120 MG/0.8ML SOLN PRSYR	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
LOVENOX 30 MG/0.3ML SOLN PRSYR	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.6 mL/day
LOVENOX 40 MG/0.4ML SOLN PRSYR	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 0.8 mL/day
LOVENOX 60 MG/0.6ML SOLN PRSYR	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.2 mL/day
LOVENOX 80 MG/0.8ML SOLN PRSYR	2	C Up to a 180 day supply every 365 days will be allowed without PA QLC 1.6 mL/day
PRADAXA	2	
rivaroxaban 1 mg/ml recon susp	2	
rivaroxaban 2.5 mg tab	1	QL 60 / 30 day(s)
SAVAYSA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
warfarin sodium (warfarin sodium 1 mg tab, warfarin sodium 2 mg tab, warfarin sodium 2.5 mg tab, warfarin sodium 3 mg tab, warfarin sodium 4 mg tab, warfarin sodium 5 mg tab, warfarin sodium 6 mg tab, warfarin sodium 7.5 mg tab, warfarin sodium 10 mg tab)	1	
XARELTO (XARELTO 10 MG TAB, XARELTO 20 MG TAB)	1	QL 30 / 30 days
XARELTO 1 MG/ML RECON SUSP	2	
XARELTO 15 MG TAB	1	QL 60 / 30 days
XARELTO 2.5 MG TAB	2	QL 60 / 30 days
XARELTO STARTER PACK	1	QL 51 / 1 years
ZONTIVITY	2	
BLOOD PRODUCTS AND MODIFIERS, OTHER		
ARANESP (ALBUMIN FREE)	2	
eltrombopag olamine	2	
EPOGEN	1	PA
FULPHILA	1	PA QLC 2.4 mL/28 days
FYLNETRA	1	PA
GRANIX	1	PA
LEUKINE	2	
MIRCERA	2	
MULPLETA	2	
NEULASTA	2	QLC 2.4 mL/28 days
NEULASTA ONPRO	2	QLC 2.4 mL/28 days
NEUPOGEN	1	PA
NIVESTYM	2	
NPLATE	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NYPOZI	2	
NYVEPRIA	2	
PROCRIT (PROCRIT 2000 UNIT/ML SOLUTION, PROCRIT 3000 UNIT/ML SOLUTION, PROCRIT 4000 UNIT/ML SOLUTION, PROCRIT 10000 UNIT/ML SOLUTION, PROCRIT 20000 UNIT/ML SOLUTION)	2	PA
PROCRIT 40000 UNIT/ML SOLUTION	2	
PROMACTA	1	PA
RELEUKO	1	PA
RETACRIT	1	PA
ROLVEDON	2	
RYZNEUTA	2	
STIMUFEND	2	
UDENYCA 6 MG/0.6ML SOLN A-INJ	2	
UDENYCA 6 MG/0.6ML SOLN PRSYR	2	QLC 2.4 mL/28 days
UDENYCA ONBODY	2	
ZARXIO	2	
ZIEXTENZO	2	QL 2.4 mL / 28 day(s)
HEMOSTASIS AGENTS		
ADVATE	1	PA
ADYNOVATE	1	PA
AFSTYLA	1	PA
ALHEMO	2	
ALPHANATE	1	PA
ALPHANINE SD	1	PA
ALPROLIX	1	PA
ALTUVIIIO	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
aminocaproic acid (aminocaproic acid 0.25 gm/ml solution, aminocaproic acid 500 mg tab, aminocaproic acid 1000 mg tab)	1	
BENEFIX	1	PA
ELOCTATE	1	PA
ESPEROCT (ESPEROCT 1000 UNIT RECON SOLN, ESPEROCT 1500 UNIT RECON SOLN, ESPEROCT 2000 UNIT RECON SOLN, ESPEROCT 3000 UNIT RECON SOLN)	2	PA
ESPEROCT (ESPEROCT 500 UNIT RECON SOLN, ESPEROCT 4000 UNIT RECON SOLN)	2	
FEIBA	1	PA
HEMLIBRA	1	PA
HEMOFIL M	1	PA
HUMATE-P	1	PA
HYMPAVZI	2	
IDELVION	2	PA
IXINITY	1	PA
JIVI (JIVI 500 UNIT RECON SOLN, JIVI 1000 UNIT RECON SOLN, JIVI 2000 UNIT RECON SOLN, JIVI 3000 UNIT RECON SOLN)	1	PA
JIVI 4000 UNIT RECON SOLN	1	
KOATE	1	PA
KOATE-DVI 1000 UNIT RECON SOLN	1	PA
KOGENATE FS	1	PA
KOVALTRY	1	PA
NOVOEIGHT	1	PA
NOVOSEVEN RT	1	PA
NUWIQ (NUWIQ 1500 UNIT KIT, NUWIQ 1500 UNIT RECON SOLN)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NUWIQ (NUWIQ 250 UNIT KIT, NUWIQ 250 UNIT RECON SOLN, NUWIQ 500 UNIT KIT, NUWIQ 500 UNIT RECON SOLN, NUWIQ 1000 UNIT KIT, NUWIQ 1000 UNIT RECON SOLN, NUWIQ 2000 UNIT KIT, NUWIQ 2000 UNIT RECON SOLN, NUWIQ 2500 UNIT KIT, NUWIQ 2500 UNIT RECON SOLN, NUWIQ 3000 UNIT KIT, NUWIQ 3000 UNIT RECON SOLN, NUWIQ 4000 UNIT KIT, NUWIQ 4000 UNIT RECON SOLN)	1	PA
OBIZUR	2	
phytonadione 5 mg tab	1	QL 150 / 30 days
PROFILNINE	1	PA
QFITLIA	2	
REBINYN	1	PA
RECOMBINATE	1	PA
RIXUBIS	1	PA
SEVENFACT	1	PA
tranexamic acid 650 mg tab	1	
VONVENDI	2	
WILATE	1	PA
XYNTHA	1	PA
XYNTHA SOLOFUSE	1	PA
PLATELET MODIFYING AGENTS		
aspirin-dipyridamole er	1	QL 60 / 30 days
ASPIRIN-OMEPRAZOLE	2	
BRILINTA	1	QL 60 / 30 days
cilostazol	1	QL 60 / 30 days
clopidogrel bisulfate 300 mg tab	1	
clopidogrel bisulfate 75 mg tab	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dipyridamole (dipyridamole 25 mg tab, dipyridamole 75 mg tab)	1	QL 4 / 1 days
dipyridamole 50 mg tab	1	QL 240 / 30 days
DOPTELET	2	
DOPTELET SPRINKLE	2	
EFFIENT	2	QL 30 / 30 days
PLAVIX	2	
prasugrel hcl	1	QL 30 / 30 days
TAVALISSE	2	
ticagrelor 60 mg tab	2	
ticagrelor 90 mg tab	1	
YOSPRALA	2	
CARDIOVASCULAR AGENTS		
ALPHA-ADRENERGIC AGONISTS		
CATAPRES-TTS-1	2	
CATAPRES-TTS-2	2	
CATAPRES-TTS-3	2	
clonidine (clonidine 0.1 mg/24hr patch wk, clonidine 0.2 mg/24hr patch wk, clonidine 0.3 mg/24hr patch wk)	1	QL 4 / 22 days
CLONIDINE ER	2	
clonidine hcl (clonidine hcl 0.1 mg tab, clonidine hcl 0.2 mg tab, clonidine hcl 0.3 mg tab)	1	QL 240 / 30 days
guanfacine hcl 1 mg tab	1	QL 90 / 30 days
guanfacine hcl 2 mg tab	1	QL 60 / 30 days
JAVADIN	2	
methyldopa	1	QL 180 / 30 days
midodrine hcl (midodrine hcl 2.5 mg tab, midodrine hcl 5 mg tab)	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
midodrine hcl 10 mg tab	1	QL 120 / 30 day(s)
NEXICLON XR	2	
ALPHA-ADRENERGIC BLOCKING AGENTS		
CARDURA	2	
doxazosin mesylate (doxazosin mesylate 1 mg tab, doxazosin mesylate 2 mg tab, doxazosin mesylate 4 mg tab)	1	QL 30 / 30 days
doxazosin mesylate 8 mg tab	1	QL 60 / 30 days
MINIPRESS	2	QL 120 / 30 days
prazosin hcl (prazosin hcl 1 mg cap, prazosin hcl 2 mg cap, prazosin hcl 5 mg cap)	1	QL 120 / 30 days
terazosin hcl	1	QL 60 / 30 days
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	2	
AVAPRO (AVAPRO 75 MG TAB, AVAPRO 300 MG TAB)	2	QL 30 / 30 days
AVAPRO 150 MG TAB	2	QL 60 / 30 days
BENICAR	2	QL 30 / 30 days
candesartan cilexetil	1	
COZAAR (COZAAR 25 MG TAB, COZAAR 50 MG TAB)	2	QL 90 / 30 days
COZAAR 100 MG TAB	2	QL 30 / 30 days
DIOVAN (DIOVAN 40 MG TAB, DIOVAN 80 MG TAB, DIOVAN 160 MG TAB)	2	QL 60 / 30 days
DIOVAN 320 MG TAB	2	QL 30 / 30 days
EDARBI	2	
irbesartan (irbesartan 75 mg tab, irbesartan 300 mg tab)	1	QL 30 / 30 days
irbesartan 150 mg tab	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
losartan potassium (losartan potassium 25 mg tab, losartan potassium 50 mg tab)	1	QL 90 / 30 days
losartan potassium 100 mg tab	1	QL 30 / 30 days
MICARDIS 20 MG TAB	2	
MICARDIS 40 MG TAB	2	QL 60 / 30 days
MICARDIS 80 MG TAB	2	QL 30 / 30 days
olmesartan medoxomil (olmesartan medoxomil 5 mg tab, olmesartan medoxomil 20 mg tab, olmesartan medoxomil 40 mg tab)	1	QL 30 / 30 days
telmisartan 20 mg tab	1	QL 4 / 1 days
telmisartan 40 mg tab	1	QL 60 / 30 days
telmisartan 80 mg tab	1	QL 30 / 30 days
valsartan (valsartan 40 mg tab, valsartan 80 mg tab, valsartan 160 mg tab)	1	QL 60 / 30 days
valsartan 320 mg tab	1	QL 30 / 30 days
valsartan 4 mg/ml solution	2	
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
ACCUPRIL	2	QL 60 / 30 days
ALTACE	2	QL 60 / 30 days
benazepril hcl (benazepril hcl 5 mg tab, benazepril hcl 10 mg tab, benazepril hcl 20 mg tab, benazepril hcl 40 mg tab)	1	QL 60 / 30 days
captopril (captopril 12.5 mg tab, captopril 25 mg tab, captopril 50 mg tab, captopril 100 mg tab)	1	QL 90 / 30 days
enalapril maleate (enalapril maleate 2.5 mg tab, enalapril maleate 5 mg tab, enalapril maleate 10 mg tab, enalapril maleate 20 mg tab)	1	QL 60 / 30 days
enalapril maleate 1 mg/ml solution	2	C No PA required for children under 9 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EPANED	2	C No PA required for children under 9 years old
fosinopril sodium	1	QL 60 / 30 days
lisinopril (lisinopril 2.5 mg tab, lisinopril 5 mg tab, lisinopril 10 mg tab, lisinopril 20 mg tab, lisinopril 30 mg tab, lisinopril 40 mg tab)	1	QL 60 / 30 days
LOTENSIN	2	QL 60 / 30 days
moexipril hcl	2	
PERINDOPRIL ERBUMINE (PERINDOPRIL ERBUMINE, PERINDOPRIL ERBUMINE 2 MG TAB)	2	
QBRELIS	2	C No PA required for children under 9 years old
quinapril hcl	1	QL 60 / 30 days
ramipril	1	QL 60 / 30 days
trandolapril	1	
VASOTEC	2	QL 60 / 30 days
ZESTRIL	2	QL 60 / 30 days
ANTIARRHYTHMICS		
amiodarone hcl (amiodarone hcl 200 mg tab, amiodarone hcl 400 mg tab)	1	QL 4 / 1 days
BETAPACE	2	QL 60 / 30 days
BETAPACE AF	2	QL 60 / 30 days
digitek	1	
digoxin (digoxin 125 mcg tab, digoxin 250 mcg tab)	1	
digoxin 0.05 mg/ml solution	1	QL 150 / 30 days
disopyramide phosphate 100 mg cap	1	QL 480 / 30 days
disopyramide phosphate 150 mg cap	1	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dofetilide	1	QL 60 / 30 day(s)
flecainide acetate (flecainide acetate 50 mg tab, flecainide acetate 100 mg tab)	1	QL 90 / 30 days
flecainide acetate 150 mg tab	1	QL 60 / 30 days
mexiletine hcl 150 mg cap	1	QL 240 / 30 days
mexiletine hcl 200 mg cap	1	QL 180 / 30 days
mexiletine hcl 250 mg cap	1	QL 4 / 1 days
pacerone (pacerone 200 mg tab, pacerone 400 mg tab)	1	QL 4 / 1 days
propafenone hcl	1	QL 90 / 30 days
sorine	1	QL 60 / 30 days
sotalol hcl (af)	1	QL 60 / 30 days
sotalol hcl (sotalol hcl 80 mg tab, sotalol hcl 120 mg tab, sotalol hcl 160 mg tab, sotalol hcl 240 mg tab)	1	QL 60 / 30 days
SOTYLIZE	2	
BETA-ADRENERGIC BLOCKING AGENTS		
acebutolol hcl (acebutolol hcl 200 mg cap, acebutolol hcl 400 mg cap)	1	QL 90 / 30 days
atenolol (atenolol 25 mg tab, atenolol 50 mg tab, atenolol 100 mg tab)	1	QL 60 / 30 days
betaxolol hcl (betaxolol hcl 10 mg tab, betaxolol hcl 20 mg tab)	1	QL 60 / 30 days
bisoprolol fumarate 10 mg tab	1	QL 60 / 30 days
BISOPROLOL FUMARATE 2.5 MG TAB	2	
bisoprolol fumarate 5 mg tab	1	QL 4 / 1 days
BYSTOLIC	2	
carvedilol (carvedilol 3.125 mg tab, carvedilol 6.25 mg tab, carvedilol 12.5 mg tab)	1	QL 60 / 30 days
carvedilol 25 mg tab	1	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
carvedilol phosphate er	2	
COREG (COREG 3.125 MG TAB, COREG 6.25 MG TAB, COREG 12.5 MG TAB)	2	QL 60 / 30 days
COREG 25 MG TAB	2	QL 120 / 30 days
COREG CR	2	
CORGARD	2	
HEMANGEOL	1	PA
INDERAL LA	2	QL 30 / 30 days
INDERAL XL	2	
INNOPRAN XL	2	
KAPSPARGO SPRINKLE	2	
labetalol hcl 100 mg tab	1	QL 420 / 30 days
labetalol hcl 200 mg tab	1	QL 360 / 30 days
labetalol hcl 300 mg tab	1	QL 240 / 30 days
LABETALOL HCL 400 MG TAB	2	
LOPRESSOR (LOPRESSOR 50 MG TAB, LOPRESSOR 100 MG TAB)	2	QL 120 / 30 days
LOPRESSOR 10 MG/ML SOLUTION	2	
metoprolol succinate er	1	QL 60 / 30 days
metoprolol tartrate (metoprolol tartrate 25 mg tab, metoprolol tartrate 50 mg tab, metoprolol tartrate 100 mg tab)	1	QL 120 / 30 days
metoprolol tartrate (metoprolol tartrate 37.5 mg tab, metoprolol tartrate 75 mg tab)	1	
METOPROLOL TARTRATE 12.5 MG TAB	2	
nadolol (nadolol 20 mg tab, nadolol 40 mg tab, nadolol 80 mg tab)	1	QL 4 / 1 days
nebivolol hcl	1	
pindolol	1	QL 180 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
propranolol hcl (propranolol hcl 10 mg tab, propranolol hcl 20 mg tab, propranolol hcl 40 mg tab, propranolol hcl 60 mg tab, propranolol hcl 80 mg tab)	1	QL 240 / 30 days
propranolol hcl (propranolol hcl 20 mg/5ml solution, propranolol hcl 40 mg/5ml solution)	1	QL 2400 / 30 days
propranolol hcl er	1	QL 30 / 30 days
TENORMIN	2	QL 60 / 30 days
timolol maleate (timolol maleate 5 mg tab, timolol maleate 10 mg tab, timolol maleate 20 mg tab)	2	QL 90 / 30 days
TOPROL XL	2	QL 60 / 30 days
CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES		
amlodipine besylate (amlodipine besylate 2.5 mg tab, amlodipine besylate 5 mg tab, amlodipine besylate 10 mg tab)	1	QL 60 / 30 days
CONJUPRI	2	
felodipine er	1	QL 30 / 30 days
isradipine	2	
KATERZIA	2	
LEVAMLODIPINE MALEATE	2	
nicardipine hcl 20 mg cap	2	QL 180 / 30 days
nicardipine hcl 30 mg cap	2	QL 4 / 1 days
nifedipine (nifedipine 10 mg cap, nifedipine 20 mg cap)	1	QL 4 / 1 days
nifedipine er	1	QL 60 / 30 days
nifedipine er osmotic release	1	QL 60 / 30 days
nimodipine 30 mg cap	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nisoldipine er (nisoldipine er 8.5 mg tab er 24h, nisoldipine er 17 mg tab er 24h, nisoldipine er 20 mg tab er 24h, nisoldipine er 25.5 mg tab er 24h, nisoldipine er 34 mg tab er 24h, nisoldipine er 40 mg tab er 24h)	2	QL 30 / 30 days
nisoldipine er 30 mg tab er 24h	2	QL 60 / 30 days
NORLIQVA	2	
NORVASC	2	QL 60 / 30 days
NYMALIZE	2	
PROCARDIA XL	2	QL 60 / 30 days
SDAMLO	2	
SULAR	2	QL 30 / 30 days
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CALAN SR (CALAN SR 180 MG TAB ER, CALAN SR 240 MG TAB ER)	2	QL 60 / 30 days
CALAN SR 120 MG TAB ER	2	QL 30 / 30 days
CARDAMYST	2	
CARDIZEM (CARDIZEM 30 MG TAB, CARDIZEM 60 MG TAB)	2	
CARDIZEM 120 MG TAB	2	QL 60 / 30 days
CARDIZEM CD (CARDIZEM CD 120 MG CAP ER 24H, CARDIZEM CD 180 MG CAP ER 24H, CARDIZEM CD 300 MG CAP ER 24H, CARDIZEM CD 360 MG CAP ER 24H)	2	QL 30 / 30 days
CARDIZEM CD 240 MG CAP ER 24H	2	QL 60 / 30 days
CARDIZEM LA	2	QL 30 / 30 days
cartia xt (cartia xt 120 mg cap er 24h, cartia xt 180 mg cap er 24h, cartia xt 300 mg cap er 24h)	1	QL 30 / 30 days
cartia xt 240 mg cap er 24h	1	QL 60 / 30 days
dilt-xr (dilt-xr 120 mg cap er 24h, dilt-xr 180 mg cap er 24h)	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dilt-xr 240 mg cap er 24h	1	QL 60 / 30 days
diltiazem hcl (diltiazem hcl 30 mg tab, diltiazem hcl 60 mg tab)	1	QL 4 / 1 days
diltiazem hcl 120 mg tab	1	QL 60 / 30 days
diltiazem hcl 90 mg tab	1	QL 90 / 30 days
diltiazem hcl er (diltiazem hcl er 120 mg cap er 24h, diltiazem hcl er 180 mg cap er 24h)	1	QL 30 / 30 days
diltiazem hcl er (diltiazem hcl er 180 mg tab er 24h, diltiazem hcl er 240 mg tab er 24h, diltiazem hcl er 300 mg tab er 24h, diltiazem hcl er 360 mg tab er 24h, diltiazem hcl er 420 mg tab er 24h)	2	QL 30 / 30 days
diltiazem hcl er (diltiazem hcl er 60 mg cap er 12h, diltiazem hcl er 90 mg cap er 12h, diltiazem hcl er 120 mg cap er 12h)	2	QL 60 / 30 days
diltiazem hcl er 120 mg tab er 24h	2	
diltiazem hcl er 240 mg cap er 24h	1	QL 60 / 30 days
diltiazem hcl er beads (diltiazem hcl er beads 120 mg cap er 24h, diltiazem hcl er beads 180 mg cap er 24h, diltiazem hcl er beads 300 mg cap er 24h, diltiazem hcl er beads 360 mg cap er 24h, diltiazem hcl er beads 420 mg cap er 24h)	1	QL 30 / 30 days
diltiazem hcl er beads 240 mg cap er 24h	1	QL 60 / 30 days
diltiazem hcl er coated beads (diltiazem hcl er coated beads 120 mg cap er 24h, diltiazem hcl er coated beads 180 mg cap er 24h, diltiazem hcl er coated beads 300 mg cap er 24h, diltiazem hcl er coated beads 360 mg cap er 24h)	1	QL 30 / 30 days
diltiazem hcl er coated beads 240 mg cap er 24h	1	QL 60 / 30 days
matzim la	2	QL 30 / 30 days
taztia xt (taztia xt 120 mg cap er 24h, taztia xt 180 mg cap er 24h, taztia xt 300 mg cap er 24h, taztia xt 360 mg cap er 24h)	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
taztia xt 240 mg cap er 24h	1	QL 60 / 30 days
tiadylt er (tiadylt er 120 mg cap er 24h, tiadylt er 180 mg cap er 24h, tiadylt er 300 mg cap er 24h, tiadylt er 360 mg cap er 24h, tiadylt er 420 mg cap er 24h)	1	QL 30 / 30 days
tiadylt er 240 mg cap er 24h	1	QL 60 / 30 days
TIAZAC (TIAZAC 120 MG CAP ER 24H, TIAZAC 180 MG CAP ER 24H, TIAZAC 300 MG CAP ER 24H, TIAZAC 360 MG CAP ER 24H, TIAZAC 420 MG CAP ER 24H)	2	QL 30 / 30 days
TIAZAC 240 MG CAP ER 24H	2	QL 60 / 30 days
verapamil hcl (verapamil hcl 80 mg tab, verapamil hcl 120 mg tab)	1	QL 4 / 1 days
verapamil hcl 40 mg tab	1	QL 90 / 30 days
verapamil hcl er (verapamil hcl er 100 mg cap er 24h, verapamil hcl er 200 mg cap er 24h, verapamil hcl er 300 mg cap er 24h)	1	
verapamil hcl er (verapamil hcl er 120 mg cap er 24h, verapamil hcl er 180 mg cap er 24h, verapamil hcl er 180 mg tab er, verapamil hcl er 240 mg cap er 24h, verapamil hcl er 240 mg tab er)	1	QL 60 / 30 days
verapamil hcl er (verapamil hcl er 120 mg tab er, verapamil hcl er 360 mg cap er 24h)	1	QL 30 / 30 days
VERELAN (VERELAN 120 MG CAP ER 24H, VERELAN 180 MG CAP ER 24H, VERELAN 240 MG CAP ER 24H)	2	QL 60 / 30 days
VERELAN 360 MG CAP ER 24H	2	QL 30 / 30 days
VERELAN PM	2	
CARDIOVASCULAR AGENTS, OTHER		
ACCURETIC	2	
acetazolamide (acetazolamide 125 mg tab, acetazolamide 250 mg tab)	1	QL 4 / 1 days
ALDACTAZIDE 50-50 MG TAB	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
aliskiren fumarate	2	
amiloride-hydrochlorothiazide	1	QL 60 / 30 days
amlodipine besy-benazepril hcl (amlodipine besy-benazepril hcl 2.5-10 mg cap, amlodipine besy-benazepril hcl 5-10 mg cap, amlodipine besy-benazepril hcl 5-20 mg cap, amlodipine besy-benazepril hcl 5-40 mg cap, amlodipine besy-benazepril hcl 10-20 mg cap, amlodipine besy-benazepril hcl 10-40 mg cap)	1	QL 30 / 30 days
amlodipine besylate-valsartan (amlodipine besylate-valsartan 5-160 mg tab, amlodipine besylate-valsartan 5-320 mg tab, amlodipine besylate-valsartan 10-160 mg tab, amlodipine besylate-valsartan 10-320 mg tab)	1	
amlodipine-atorvastatin (amlodipine-atorvastatin 2.5-10 mg tab, amlodipine-atorvastatin 2.5-20 mg tab, amlodipine-atorvastatin 2.5-40 mg tab, amlodipine-atorvastatin 5-10 mg tab, amlodipine-atorvastatin 5-20 mg tab, amlodipine-atorvastatin 5-40 mg tab, amlodipine-atorvastatin 5-80 mg tab, amlodipine-atorvastatin 10-10 mg tab, amlodipine-atorvastatin 10-20 mg tab, amlodipine-atorvastatin 10-40 mg tab, amlodipine-atorvastatin 10-80 mg tab)	2	
amlodipine-olmesartan (amlodipine-olmesartan 5-20 mg tab, amlodipine-olmesartan 5-40 mg tab, amlodipine-olmesartan 10-20 mg tab, amlodipine-olmesartan 10-40 mg tab)	1	
amlodipine-valsartan-hctz (amlodipine-valsartan-hctz 5-160-12.5 mg tab, amlodipine-valsartan-hctz 5-160-25 mg tab, amlodipine-valsartan-hctz 10-160-12.5 mg tab, amlodipine-valsartan-hctz 10-160-25 mg tab, amlodipine-valsartan-hctz 10-320-25 mg tab)	1	
ASPRUZYO SPRINKLE	2	
ATACAND HCT	2	
atenolol-chlorthalidone 100-25 mg tab	1	QL 30 / 30 days
atenolol-chlorthalidone 50-25 mg tab	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AVALIDE	2	QL 30 / 30 days
AZOR	2	
benazepril-hydrochlorothiazide (benazepril-hydrochlorothiazide 5-6.25 mg tab, benazepril-hydrochlorothiazide 10-12.5 mg tab, benazepril-hydrochlorothiazide 20-12.5 mg tab, benazepril-hydrochlorothiazide 20-25 mg tab)	1	
BENICAR HCT	2	QL 30 / 30 days
BIDIL	2	
bisoprolol-hydrochlorothiazide (bisoprolol-hydrochlorothiazide 2.5-6.25 mg tab, bisoprolol-hydrochlorothiazide 5-6.25 mg tab)	1	QL 30 / 30 days
bisoprolol-hydrochlorothiazide 10-6.25 mg tab	1	QL 60 / 30 day(s)
CADUET	2	
candesartan cilexetil-hctz	1	
CAPTOPRIL-HYDROCHLOROTHIAZIDE	2	
DIOVAN HCT (DIOVAN HCT 320-12.5 MG TAB, DIOVAN HCT 320-25 MG TAB)	2	QL 30 / 30 days
DIOVAN HCT (DIOVAN HCT 80-12.5 MG TAB, DIOVAN HCT 160-12.5 MG TAB, DIOVAN HCT 160-25 MG TAB)	2	QL 60 / 30 days
EDARBYCLOR	2	
enalapril-hydrochlorothiazide 10-25 mg tab	1	QL 60 / 30 days
enalapril-hydrochlorothiazide 5-12.5 mg tab	1	QL 30 / 30 days
ENTRESTO (ENTRESTO 24-26 MG TAB, ENTRESTO 49-51 MG TAB, ENTRESTO 97-103 MG TAB)	2	QL 60 / 30 days
ENTRESTO (ENTRESTO 6-6 MG CAP SPRINK, ENTRESTO 15-16 MG CAP SPRINK)	2	
EXFORGE	2	
EXFORGE HCT	2	
fosinopril sodium-hctz	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYZAAR	2	QL 30 / 30 days
irbesartan-hydrochlorothiazide	1	QL 30 / 30 days
isosorb dinitrate-hydralazine	2	
lisinopril-hydrochlorothiazide (lisinopril-hydrochlorothiazide 20-12.5 mg tab, lisinopril-hydrochlorothiazide 20-25 mg tab)	1	QL 60 / 30 days
lisinopril-hydrochlorothiazide 10-12.5 mg tab	1	QL 30 / 30 days
LODOCO	2	
losartan potassium-hctz	1	QL 30 / 30 days
LOTENSIN HCT	2	
LOTREL	2	QL 30 / 30 days
metoprolol-hydrochlorothiazide (metoprolol-hydrochlorothiazide 50-25 mg tab, metoprolol-hydrochlorothiazide 100-25 mg tab)	2	QL 60 / 30 days
metoprolol-hydrochlorothiazide 100-50 mg tab	2	QL 30 / 30 days
MICARDIS HCT	2	
NEXLETOL	1	PA
olmesartan medoxomil-hctz	1	QL 30 / 30 days
olmesartan-amlodipine-hctz (olmesartan-amlodipine-hctz 20-5-12.5 mg tab, olmesartan-amlodipine-hctz 40-10-12.5 mg tab, olmesartan-amlodipine-hctz 40-10-25 mg tab, olmesartan-amlodipine-hctz 40-5-12.5 mg tab, olmesartan-amlodipine-hctz 40-5-25 mg tab)	1	
pentoxifylline er	1	QL 90 / 30 days
quinapril-hydrochlorothiazide (quinapril-hydrochlorothiazide, quinapril-hydrochlorothiazide 10-12.5 mg tab, quinapril-hydrochlorothiazide 20-12.5 mg tab, quinapril-hydrochlorothiazide 20-25 mg tab)	2	
RANEXA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ranolazine er	1	PA
REDEMPLO	2	
sacubitril-valsartan	1	
spironolactone-hctz	1	QL 240 / 30 days
TEKTURNA	2	
TEKTURNA HCT	2	
telmisartan-amlodipine	1	
telmisartan-hctz	2	
TENORETIC 100	2	QL 30 / 30 days
TENORETIC 50	2	QL 60 / 30 days
trandolapril-verapamil hcl er	1	
triamterene-hctz (triamterene-hctz 37.5-25 mg tab, triamterene-hctz 75-50 mg tab)	1	QL 30 / 30 days
triamterene-hctz 37.5-25 mg cap	1	QL 60 / 30 days
TRIBENZOR	2	
TRYNGOLZA	2	
valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide 320-12.5 mg tab, valsartan-hydrochlorothiazide 320-25 mg tab)	1	QL 30 / 30 days
valsartan-hydrochlorothiazide (valsartan-hydrochlorothiazide 80-12.5 mg tab, valsartan-hydrochlorothiazide 160-12.5 mg tab, valsartan-hydrochlorothiazide 160-25 mg tab)	1	QL 60 / 30 days
VASERETIC	2	QL 60 / 30 days
ZESTORETIC (ZESTORETIC 20-12.5 MG TAB, ZESTORETIC 20-25 MG TAB)	2	QL 60 / 30 days
ZESTORETIC 10-12.5 MG TAB	2	QL 30 / 30 days
ZIAC (ZIAC 2.5-6.25 MG TAB, ZIAC 5-6.25 MG TAB)	2	QL 30 / 30 days
ZIAC 10-6.25 MG TAB	2	QL 60 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIURETICS, LOOP		
bumetanide (bumetanide 0.5 mg tab, bumetanide 2 mg tab)	1	QL 150 / 30 days
bumetanide 1 mg tab	1	QL 180 / 30 days
furosemide (furosemide 20 mg tab, furosemide 40 mg tab)	1	QL 450 / 30 days
furosemide 10 mg/ml solution	1	QL 1800 / 30 day(s)
furosemide 8 mg/ml solution	1	QL 2250 / 30 days
furosemide 80 mg tab	1	QL 210 / 30 days
torsemide 10 mg tab	1	
DIURETICS, POTASSIUM-SPARING		
amiloride hcl 5 mg tab	1	QL 4 / 1 days
eplerenone 25 mg tab	1	QL 120 / 30 day(s)
eplerenone 50 mg tab	1	QL 60 / 30 day(s)
DIURETICS, THIAZIDE		
chlorthalidone	1	QL 4 / 1 days
DIURIL	1	QL 40 / 1 days
hydrochlorothiazide (hydrochlorothiazide 12.5 mg cap, hydrochlorothiazide 50 mg tab)	1	QL 120 / 30 days
hydrochlorothiazide (hydrochlorothiazide 12.5 mg tab, hydrochlorothiazide 25 mg tab)	1	QL 4 / 1 days
indapamide 1.25 mg tab	1	QL 4 / 1 days
indapamide 2.5 mg tab	1	QL 60 / 30 days
metolazone (metolazone 2.5 mg tab, metolazone 5 mg tab, metolazone 10 mg tab)	1	QL 60 / 30 days
DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES		
ANTARA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fenofibrate (fenofibrate 40 mg tab, fenofibrate 50 mg cap, fenofibrate 120 mg tab, fenofibrate 150 mg cap)	2	
fenofibrate (fenofibrate 48 mg tab, fenofibrate 54 mg tab, fenofibrate 67 mg cap, fenofibrate 134 mg cap, fenofibrate 145 mg tab, fenofibrate 160 mg tab, fenofibrate 200 mg cap)	1	QL 30 / 30 days
FENOFIBRATE MICRONIZED (FENOFIBRATE MICRONIZED 30 MG CAP, FENOFIBRATE MICRONIZED 90 MG CAP)	2	
fenofibrate micronized (fenofibrate micronized 43 mg cap, fenofibrate micronized 130 mg cap)	1	
fenofibrate micronized (fenofibrate micronized 67 mg cap, fenofibrate micronized 134 mg cap, fenofibrate micronized 200 mg cap)	1	QL 30 / 30 days
FENOFIBRIC ACID (FENOFIBRIC ACID 35 MG TAB, FENOFIBRIC ACID 105 MG TAB)	2	
fenofibric acid (fenofibric acid 45 mg cap dr, fenofibric acid 135 mg cap dr)	1	
FENOGLIDE	2	
gemfibrozil 600 mg tab	1	QL 60 / 30 days
LIPOFEN	2	
LOPID	2	QL 60 / 30 days
TRICOR	2	QL 30 / 30 days
TRILIPIX	2	
DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS		
ALTOPREV	2	
ATORVALIQ	2	
atorvastatin calcium (atorvastatin calcium 10 mg tab, atorvastatin calcium 20 mg tab, atorvastatin calcium 40 mg tab, atorvastatin calcium 80 mg tab)	1	QL 30 / 30 days
CRESTOR	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EZALLOR SPRINKLE	2	
fluvastatin sodium	2	QL 30 / 30 days
fluvastatin sodium er	2	
LESCOL XL	2	
LIPITOR	2	QL 30 / 30 days
LIVALO	2	
lovastatin (lovastatin 10 mg tab, lovastatin 20 mg tab)	1	QL 30 / 30 days
lovastatin 40 mg tab	1	QL 60 / 30 days
pitavastatin calcium	2	
pravastatin sodium	1	QL 30 / 30 days
rosuvastatin calcium (rosuvastatin calcium 5 mg tab, rosuvastatin calcium 10 mg tab, rosuvastatin calcium 20 mg tab, rosuvastatin calcium 40 mg tab)	1	QL 30 / 30 days
simvastatin (simvastatin 5 mg tab, simvastatin 10 mg tab, simvastatin 20 mg tab, simvastatin 40 mg tab, simvastatin 80 mg tab)	1	QL 30 / 30 days
ZOCOR	2	QL 30 / 30 days
ZYPITAMAG	2	
DYSLIPIDEMICS, OTHER		
cholestyramine 4 gm packet	1	QL 180 / 30 days
cholestyramine 4 gm/dose powder	1	QLC 54 grams/day
cholestyramine light 4 gm packet	1	QL 180 / 30 days
cholestyramine light 4 gm/dose powder	1	QLC 54 grams/day
colesevelam hcl	2	
COLESTID (COLESTID 1 GM TAB, COLESTID 5 GM GRANULES, COLESTID 5 GM PACKET)	2	
COLESTID FLAVORED (COLESTID FLAVORED 5 GM GRANULES, COLESTID FLAVORED 5 GM PACKET)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
colestipol hcl (colestipol hcl 5 gm granules, colestipol hcl 5 gm packet)	2	
colestipol hcl 1 gm tab	1	
EVKEEZA	2	
ezetimibe	1	QL 30 / 30 days
EZETIMIBE-ROSUVASTATIN	2	
ezetimibe-simvastatin	2	
icosapent ethyl 0.5 gm cap	2	
icosapent ethyl 1 gm cap	2	QL 120 / 30 days
JUXTAPID	2	
LEQVIO	2	
LOVAZA	2	
NEXLIZET	1	PA
NIACIN (ANTIHYPERLIPIDEMIC)	2	
niacin er (antihyperlipidemic) (niacin er (antihyperlipidemic) 750 mg tab er, niacin er (antihyperlipidemic) 1000 mg tab er)	2	
niacin er (antihyperlipidemic) 500 mg tab er	2	QL 4 / 1 days
NIACOR	2	
NIASPAN	2	
omega-3-acid ethyl esters	1	QL 4 / 1 days
PRALUENT	1	QL 2 / 28 days PA
prevalite 4 gm packet	1	QL 180 / 30 days
prevalite 4 gm/dose powder	1	QLC 54 grams/day
QUESTRAN (QUESTRAN 4 GM PACKET, QUESTRAN 4 GM/DOSE POWDER)	2	
QUESTRAN LIGHT	2	
REPATHA	1	QL 3 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REPATHA PUSHTRONEX SYSTEM	1	PA
REPATHA SURECLICK	1	QL 3 / 28 days PA
ROSZET	2	
VASCEPA 0.5 GM CAP	2	QL 240 / 30 days
VASCEPA 1 GM CAP	2	QL 120 / 30 days
vitamin d-3 25 mcg (1000 ut) tab	1	
vitamin d3 25 mcg (1000 ut) tab	1	
VYTORIN	2	
WELCHOL	2	
ZETIA	2	QL 30 / 30 days
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
spironolactone (spironolactone 25 mg tab, spironolactone 50 mg tab)	1	QL 90 / 30 day(s)
spironolactone 100 mg tab	1	QL 120 / 30 day(s)
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITORS (SGLT2I)		
dapagliflozin propanediol	2	
FARXIGA	1	
INPEFA	2	
INVOKANA	2	
JARDIANCE	1	QL 30 / 30 days
STEGLATRO	2	QL 30 / 30 days
VASODILATORS, DIRECT-ACTING ARTERIAL		
hydralazine hcl (hydralazine hcl 10 mg tab, hydralazine hcl 25 mg tab, hydralazine hcl 50 mg tab)	1	QL 4 / 1 days
hydralazine hcl 100 mg tab	1	QL 90 / 30 days
minoxidil 10 mg tab	1	QL 300 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
minoxidil 2.5 mg tab	1	QL 4 / 1 days
VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS		
GONITRO	2	
ISORDIL TITRADOSE	2	
isosorbide dinitrate (isosorbide dinitrate 5 mg tab, isosorbide dinitrate 10 mg tab, isosorbide dinitrate 20 mg tab, isosorbide dinitrate 30 mg tab)	2	QL 240 / 30 days
isosorbide dinitrate 40 mg tab	2	
isosorbide mononitrate	1	
isosorbide mononitrate er (isosorbide mononitrate er 60 mg tab er 24h, isosorbide mononitrate er 120 mg tab er 24h)	1	QL 60 / 30 days
isosorbide mononitrate er 30 mg tab er 24h	1	QL 90 / 30 days
NITRO-BID	1	
NITRO-DUR (NITRO-DUR 0.1 MG/HR PATCH 24HR, NITRO-DUR 0.2 MG/HR PATCH 24HR, NITRO-DUR 0.4 MG/HR PATCH 24HR, NITRO-DUR 0.6 MG/HR PATCH 24HR)	2	QL 30 / 30 days
NITRO-DUR (NITRO-DUR 0.3 MG/HR PATCH 24HR, NITRO-DUR 0.8 MG/HR PATCH 24HR)	2	
nitroglycerin (nitroglycerin 0.1 mg/hr patch 24hr, nitroglycerin 0.2 mg/hr patch 24hr, nitroglycerin 0.4 mg/hr patch 24hr, nitroglycerin 0.6 mg/hr patch 24hr)	1	QL 30 / 30 days
nitroglycerin (nitroglycerin 0.3 mg sl tab, nitroglycerin 0.4 mg sl tab, nitroglycerin 0.6 mg sl tab)	1	
nitroglycerin 0.4 mg/spray solution	2	
NITROLINGUAL	2	
NITROMIST	2	
NITROSTAT	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM AGENTS		
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES		
ADDERALL (ADDERALL 10 MG TAB, ADDERALL 12.5 MG TAB, ADDERALL 15 MG TAB, ADDERALL 20 MG TAB)	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL (ADDERALL 5 MG TAB, ADDERALL 7.5 MG TAB)	1	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL 30 MG TAB	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADDERALL XR	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ADZENYS XR-ODT	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphet-dextroamphet 3-bead er	2	
amphetamine er	2	
amphetamine sulfate	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphet er	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 10 mg tab, amphetamine-dextroamphetamine 12.5 mg tab, amphetamine-dextroamphetamine 15 mg tab, amphetamine-dextroamphetamine 20 mg tab)	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphetamine (amphetamine-dextroamphetamine 5 mg tab, amphetamine-dextroamphetamine 7.5 mg tab)	1	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
amphetamine-dextroamphetamine 30 mg tab	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
AZSTARYS	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
DESOXYN	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
DEXEDRINE	2	
dextroamphetamine sulfate (dextroamphetamine sulfate 2.5 mg tab, dextroamphetamine sulfate 7.5 mg tab)	1	QL 90 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate (dextroamphetamine sulfate 5 mg tab, dextroamphetamine sulfate 10 mg tab, dextroamphetamine sulfate 15 mg tab, dextroamphetamine sulfate 20 mg tab)	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate 30 mg tab	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate 5 mg/5ml solution	2	QL 60 mL / 1 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dextroamphetamine sulfate er (dextroamphetamine sulfate er 10 mg cap er 24h, dextroamphetamine sulfate er 15 mg cap er 24h)	1	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dextroamphetamine sulfate er 5 mg cap er 24h	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
DYANAVEL XR (DYANAVEL XR 5 MG TAB ER, DYANAVEL XR 10 MG TAB ER, DYANAVEL XR 15 MG TAB ER, DYANAVEL XR 20 MG TAB ER)	2	
DYANAVEL XR 2.5 MG/ML SUSP	1	QL 240 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
EVEKEO	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
EVEKEO ODT	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 10 mg chew tab, lisdexamfetamine dimesylate 50 mg chew tab)	2	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 20 mg cap, lisdexamfetamine dimesylate 30 mg cap, lisdexamfetamine dimesylate 40 mg cap, lisdexamfetamine dimesylate 50 mg cap, lisdexamfetamine dimesylate 60 mg cap, lisdexamfetamine dimesylate 70 mg cap)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
lisdexamfetamine dimesylate (lisdexamfetamine dimesylate 20 mg chew tab, lisdexamfetamine dimesylate 30 mg chew tab, lisdexamfetamine dimesylate 40 mg chew tab, lisdexamfetamine dimesylate 60 mg chew tab)	2	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lisdexamfetamine dimesylate 10 mg cap	1	QL 30 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
methamphetamine hcl	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
MYDAYIS	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
procentra	1	QL 60 mL / 1 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE (VYVANSE 10 MG CAP, VYVANSE 20 MG CAP, VYVANSE 30 MG CAP, VYVANSE 40 MG CAP, VYVANSE 50 MG CAP, VYVANSE 60 MG CAP, VYVANSE 70 MG CAP)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
VYVANSE (VYVANSE 10 MG CHEW TAB, VYVANSE 20 MG CHEW TAB, VYVANSE 30 MG CHEW TAB, VYVANSE 40 MG CHEW TAB, VYVANSE 50 MG CHEW TAB, VYVANSE 60 MG CHEW TAB)	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
XELSTRYM	2	
zenzedi (zenzedi 2.5 mg tab, zenzedi 5 mg tab, zenzedi 7.5 mg tab, zenzedi 10 mg tab, zenzedi 15 mg tab, zenzedi 20 mg tab)	2	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
zenzedi 30 mg tab	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES		
ADHANSIA XR	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
APTENSIO XR	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl (atomoxetine hcl 10 mg cap, atomoxetine hcl 18 mg cap, atomoxetine hcl 25 mg cap, atomoxetine hcl 40 mg cap)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
atomoxetine hcl (atomoxetine hcl 60 mg cap, atomoxetine hcl 80 mg cap, atomoxetine hcl 100 mg cap)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
clonidine hcl er	1	AL1 4 to 17 yrs old C Age restriction, clinical PA required
CONCERTA (CONCERTA 18 MG TAB ER, CONCERTA 27 MG TAB ER, CONCERTA 54 MG TAB ER)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
CONCERTA 36 MG TAB ER	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
COTEMPLA XR-ODT	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
DAYTRANA	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dexmethylphenidate hcl er (dexmethylphenidate hcl er 25 mg cap er 24h, dexmethylphenidate hcl er 30 mg cap er 24h, dexmethylphenidate hcl er 35 mg cap er 24h, dexmethylphenidate hcl er 40 mg cap er 24h)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
dexmethylphenidate hcl er (dexmethylphenidate hcl er 5 mg cap er 24h, dexmethylphenidate hcl er 10 mg cap er 24h, dexmethylphenidate hcl er 15 mg cap er 24h, dexmethylphenidate hcl er 20 mg cap er 24h)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR (FOCALIN XR 25 MG CAP ER 24H, FOCALIN XR 30 MG CAP ER 24H, FOCALIN XR 35 MG CAP ER 24H, FOCALIN XR 40 MG CAP ER 24H)	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
FOCALIN XR (FOCALIN XR 5 MG CAP ER 24H, FOCALIN XR 10 MG CAP ER 24H, FOCALIN XR 15 MG CAP ER 24H, FOCALIN XR 20 MG CAP ER 24H)	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
guanfacine hcl er (guanfacine hcl er 1 mg tab er 24h, guanfacine hcl er 2 mg tab er 24h, guanfacine hcl er 3 mg tab er 24h)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
guanfacine hcl er 4 mg tab er 24h	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
INTUNIV (INTUNIV 1 MG TAB ER 24H, INTUNIV 2 MG TAB ER 24H, INTUNIV 3 MG TAB ER 24H)	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
INTUNIV 4 MG TAB ER 24H	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JORNAY PM	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
KAPVAY	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
METADATE CD	2	
METHYLIN	2	QL 900 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl (methylphenidate hcl 10 mg tab, methylphenidate hcl 20 mg tab)	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl (methylphenidate hcl 2.5 mg chew tab, methylphenidate hcl 5 mg chew tab)	2	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl (methylphenidate hcl 5 mg/5ml solution, methylphenidate hcl 10 mg/5ml solution)	1	QL 900 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl 10 mg chew tab	2	QL 180 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl 5 mg tab	1	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 10 mg cap er, methylphenidate hcl er (cd) 20 mg cap er, methylphenidate hcl er (cd) 30 mg cap er)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (cd) (methylphenidate hcl er (cd) 40 mg cap er, methylphenidate hcl er (cd) 50 mg cap er, methylphenidate hcl er (cd) 60 mg cap er)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (la) (methylphenidate hcl er (la) 10 mg cap er 24h, methylphenidate hcl er (la) 20 mg cap er 24h, methylphenidate hcl er (la) 30 mg cap er 24h)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (la) (methylphenidate hcl er (la) 40 mg cap er 24h, methylphenidate hcl er (la) 60 mg cap er 24h)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (methylphenidate hcl er 10 mg tab er, methylphenidate hcl er 20 mg tab er)	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (methylphenidate hcl er 18 mg tab er, methylphenidate hcl er 18 mg tab er 24h, methylphenidate hcl er 27 mg tab er, methylphenidate hcl er 27 mg tab er 24h, methylphenidate hcl er 54 mg tab er, methylphenidate hcl er 54 mg tab er 24h)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (methylphenidate hcl er 36 mg tab er, methylphenidate hcl er 36 mg tab er 24h)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (osm) (methylphenidate hcl er (osm) 18 mg tab er, methylphenidate hcl er (osm) 27 mg tab er, methylphenidate hcl er (osm) 54 mg tab er)	1	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (osm) (methylphenidate hcl er (osm) 45 mg tab er, methylphenidate hcl er (osm) 72 mg tab er)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylphenidate hcl er (osm) 36 mg tab er	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
METHYLPHENIDATE HCL ER (OSM) 63 MG TAB ER	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
methylphenidate hcl er (xr)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
ONYDA XR	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
QELBREE (QELBREE 150 MG CAP ER 24H, QELBREE 200 MG CAP ER 24H)	1	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
QELBREE 100 MG CAP ER 24H	1	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLICHEW ER (QUILLICHEW ER 20 MG CHER, QUILLICHEW ER 40 MG CHER)	1	QL 45 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLICHEW ER 30 MG CHER	1	QL 60 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
QUILLIVANT XR	1	QL 360 mL / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
RELEXXII (RELEXXII 18 MG TAB ER, RELEXXII 27 MG TAB ER, RELEXXII 54 MG TAB ER)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELEXXII (RELEXXII 45 MG TAB ER, RELEXXII 72 MG TAB ER)	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
RELEXXII 36 MG TAB ER	2	QL 60 / 30 day(s) AL1 4 to 17 yrs old C Age restriction, clinical PA required
RELEXXII 63 MG TAB ER	2	AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN (RITALIN 10 MG TAB, RITALIN 20 MG TAB)	2	QL 90 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN 5 MG TAB	2	QL 120 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN LA (RITALIN LA 10 MG CAP ER 24H, RITALIN LA 20 MG CAP ER 24H, RITALIN LA 30 MG CAP ER 24H)	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
RITALIN LA 40 MG CAP ER 24H	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA (STRATTERA 10 MG CAP, STRATTERA 18 MG CAP, STRATTERA 25 MG CAP, STRATTERA 40 MG CAP)	2	QL 60 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required
STRATTERA (STRATTERA 60 MG CAP, STRATTERA 80 MG CAP, STRATTERA 100 MG CAP)	2	QL 30 / 30 days AL1 4 to 17 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CENTRAL NERVOUS SYSTEM, OTHER		
8 hr arthritis pain relief	1	
8hr muscle aches & pain relief	1	
acetaminophen (acetaminophen 160 mg/5ml liquid, acetaminophen 160 mg/5ml solution, acetaminophen 160 mg/5ml suspension, acetaminophen 325 mg/10.15ml solution, acetaminophen 650 mg/20.3ml solution, acetaminophen 650 mg/20.3ml suspension)	1	QL 30 / 1 days
acetaminophen (acetaminophen 325 mg tab, acetaminophen 500 mg tab)	1	
acetaminophen 120 mg suppos	1	QL 5 / 1 days
acetaminophen 650 mg suppos	1	QL 6 / 1 days
acetaminophen childrens (acetaminophen childrens 160 mg/5ml liquid, acetaminophen childrens 160 mg/5ml solution, acetaminophen childrens 160 mg/5ml suspension)	1	QL 30 / 1 days
acetaminophen extra strength 500 mg tab	1	
acetaminophen infants	1	QL 30 / 1 days
ALLZITAL	2	
aminofen	1	
aphen	1	
aurophen childrens	1	QL 30 / 1 days
AUSTEDO (AUSTEDO 9 MG TAB, AUSTEDO 12 MG TAB)	1	QL 120 / 30 day(s) PA
AUSTEDO 6 MG TAB	1	QL 60 / 30 day(s) PA
AUSTEDO XR (AUSTEDO XR 12 MG TAB ER 24H, AUSTEDO XR 18 MG TAB ER 24H, AUSTEDO XR 30 MG TAB ER 24H, AUSTEDO XR 36 MG TAB ER 24H, AUSTEDO XR 42 MG TAB ER 24H, AUSTEDO XR 48 MG TAB ER 24H)	1	QL 30 / 30 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR 24 MG TAB ER 24H	1	QL 60 / 30 day(s) PA
AUSTEDO XR 6 MG TAB ER 24H	1	QL 90 / 30 day(s) PA
AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK	1	QL 28 / 28 day(s) PA
AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK	1	PA
bac (butalbital-acetamin-caff)	1	PA QLC Max 18 tabs/caps per month
betatemp childrens	1	QL 30 / 1 days
bupap	2	QLC Max 18 tabs/caps per month
butalbital-acetaminophen	2	QLC Max 18 tabs/caps per month
butalbital-apap-caffeine (butalbital-apap-caffeine 50-300-40 mg cap, butalbital-apap-caffeine 50-325-40 mg cap)	2	QLC Max 18 tabs/caps per month
butalbital-apap-caffeine 50-325-40 mg tab	1	PA QLC Max 18 tabs/caps per month
childrens acetaminophen	1	QL 30 / 1 days
childrens non-aspirin 160 mg/5ml suspension	1	QL 30 / 1 days
childrens silapap	1	QL 30 / 1 days
curanol	1	QL 30 / 1 days
cvs acetaminophen 325 mg tab	1	
cvs acetaminophen ex st 500 mg tab	1	
cvs fever reducing childrens	1	QL 5 / 1 days
cvs infants pain relief drops	1	QL 30 / 1 days
cvs non-aspirin extra strength	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cvs pain & fever childrens	1	QL 30 / 1 days
cvs pain & fever infants	1	QL 30 / 1 days
cvs pain relief 500 mg tab	1	
cvs pain relief extra strength	1	
cvs pain relief regular st	1	
DIETHYLPROPION HCL ER	2	
ed-apap	1	QL 30 / 1 days
eq 8hr arthritis pain relief	1	
eq acetaminophen	1	
eq pain & fever childrens 160 mg/5ml suspension	1	QL 30 / 1 days
eq pain & fever infants	1	QL 30 / 1 days
eq pain reliever (eq pain reliever 325 mg tab, eq pain reliever 500 mg tab)	1	
eq pain reliever 160 mg/5ml suspension	1	QL 30 / 1 days
eq pain reliever ex st	1	
eql acetaminophen	1	
eql acetaminophen childrens	1	QL 30 / 1 days
eql acetaminophen ex st	1	
esgic (esgic 50-325-40 mg cap, esgic 50-325-40 mg tab)	2	QLC Max 18 tabs/caps per month
feverall adults	1	QL 6 / 1 days
feverall childrens	1	QL 5 / 1 days
FEVERALL INFANTS	1	QL 5 / 1 days
FEVERALL JUNIOR STRENGTH	1	QL 5 / 1 days
FIORICET	2	QLC Max 18 tabs/caps per month
ft pain & fever childrens	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft pain & fever infants	1	QL 30 / 1 days
ft pain relief 325 mg tab	1	
ft pain relief adult extra st	1	
ft pain relief extra strength	1	
ft pain reliever adults	1	QL 6 / 1 days
ft pain reliever children	1	QL 5 / 1 days
ft pain reliever ex str adult	1	
ft pain reliver extra st adult	1	
ft rapid release pain relief	1	
gabapentin (once-daily) (gabapentin (once-daily) 450 mg tab, gabapentin (once-daily) 750 mg tab, gabapentin (once-daily) 900 mg tab)	2	
gabapentin (once-daily) 300 mg tab	2	QL 30 / 30 day(s)
gabapentin (once-daily) 600 mg tab	2	QL 60 / 30 day(s)
gnp 8 hour pain relief	1	
gnp acetaminophen 325 mg tab	1	
gnp children's pain & fever	1	QL 30 / 1 days
gnp infants pain/fever	1	QL 30 / 1 days
gnp pain & fever childrens	1	QL 30 / 1 days
gnp pain & fever infants	1	QL 30 / 1 days
gnp pain relief 325 mg tab	1	
gnp pain relief extra strength	1	
goodsense pain & fever child	1	QL 30 / 1 days
goodsense pain & fever infants	1	QL 30 / 1 days
goodsense pain relief 325 mg tab	1	
goodsense pain relief extra st	1	
GRALISE (GRALISE 300 MG TAB, GRALISE 450 MG TAB)	2	QL 30 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GRALISE (GRALISE 600 MG TAB, GRALISE 750 MG TAB, GRALISE 900 MG TAB)	2	QL 60 / 30 day(s)
healthy mama shake that ache	1	
hm pain & fever childrens	1	QL 30 / 1 days
hm pain & fever infants	1	QL 30 / 1 days
hm pain relief extra strength	1	
hm pain relieve child dye-free	1	QL 30 / 1 days
hm pain reliever	1	
hm pain reliever childrens	1	QL 30 / 1 days
HORIZANT	2	QL 60 / 30 day(s)
infants pain & fever	1	QL 30 / 1 days
INGREZZA (INGREZZA 40 MG CAP SPRINK, INGREZZA 60 MG CAP SPRINK, INGREZZA 80 MG CAP SPRINK)	1	QL 30 / 30 day(s) PA
INGREZZA (INGREZZA 40 MG CAP, INGREZZA 60 MG CAP, INGREZZA 80 MG CAP)	1	QL 30 / 30 days PA
INGREZZA 40 & 80 MG CAP THPK	1	PA
JOURNAVX	2	PA QLC max 2.5 tablets per day; limited to a 14-day supply per 90 days
kls acetaminophen ex st	1	
liquid acetaminophen	1	QL 30 / 1 days
liquid pain relief	1	QL 30 / 1 days
little remedies for fever	1	QL 30 / 1 days
m-pap	1	QL 30 / 1 days
max relief jr child pain/fever	1	QL 30 / 1 days
max relief junior	1	QL 30 / 1 days
medi-tabs extra strength	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
meijer aspirin free	1	
midazolam hcl 2 mg/ml syrup	2	
mm acetaminophen ex str	1	
non-aspirin	1	
non-aspirin extra strength	1	
non-aspirin pain relief	1	
pain & fever childrens 160 mg/5ml suspension	1	QL 30 / 1 days
pain & fever infants	1	QL 30 / 1 days
pain & fever kids	1	QL 30 / 1 days
pain and fever relief kids	1	QL 30 / 1 days
pain relief childrens 160 mg/5ml suspension	1	QL 30 / 1 days
pain relief extra strength 500 mg tab	1	
pain relief regular strength	1	
pain reliever 325 mg tab	1	
pain reliever extra strength 500 mg tab	1	
pain reliever for adults	1	
pain reliever/fever reducer	1	QL 5 / 1 days
panadol childrens	1	QL 30 / 1 days
panadol extra strength	1	
panadol infants	1	QL 30 / 1 days
pediacare children	1	QL 30 / 1 days
pediacare infant fever/pain	1	QL 30 / 1 days
pediacare infants	1	QL 30 / 1 days
pharbetol	1	
pharbetol extra strength	1	
px childrens pain relief	1	QL 30 / 1 days
px pain relief extra strength	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
qc 8 hour arthritis pain	1	
qc 8 hour pain relief	1	
qc acetaminophen infants	1	QL 30 / 1 days
qc non-aspirin childrens 160 mg/5ml suspension	1	QL 30 / 1 days
qc non-aspirin extra strength	1	
qc pain relief 325 mg tab	1	
qc pain relief childrens	1	QL 30 / 1 days
qc pain relief extra strength 500 mg tab	1	
qc pain relief infants	1	QL 30 / 1 days
ra acetaminophen	1	
ra acetaminophen ex st	1	
ra childrens fever/pain	1	QL 30 / 1 days
ra fever reducer/pain reliever	1	QL 30 / 1 days
ra pain relief acetaminophen	1	
sb non-aspirin 325 mg tab	1	
sb non-aspirin extra strength	1	
sb pain reliever childrens	1	QL 30 / 1 days
sb pain reliever ex st	1	
sm pain & fever childrens	1	QL 30 / 1 days
sm pain & fever infants	1	QL 30 / 1 days
sm pain relief	1	
sm pain relief extra strength	1	
sm pain reliever	1	
sm pain reliever childrens	1	QL 30 / 1 days
sm pain reliever ex st 500 mg tab	1	
tetrabenazine	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tylenol 325 mg tab	1	
tylenol 8 hour	1	
tylenol 8 hour arthritis pain	1	
tylenol childrens 160 mg/5ml suspension	1	QL 30 / 1 days
tylenol childrens pain + fever 160 mg/5ml suspension	1	QL 30 / 1 days
tylenol extra strength	1	
tylenol for children + adults	1	QL 30 / 1 days
tylenol infants pain+fever	1	QL 30 / 1 days
VTOL LQ	2	QLC 270 mL/30 days
XENAZINE	2	
zebutal	2	QLC Max 18 tabs/caps per month
FIBROMYALGIA AGENTS		
CYMBALTA (CYMBALTA 30 MG CP DR PART, CYMBALTA 60 MG CP DR PART)	2	QL 60 / 30 days
CYMBALTA 20 MG CP DR PART	2	QL 120 / 30 day(s)
DRIZALMA SPRINKLE	2	
duloxetine hcl (duloxetine hcl 30 mg cp dr part, duloxetine hcl 60 mg cp dr part)	1	QL 60 / 30 days
duloxetine hcl 20 mg cp dr part	1	QL 120 / 30 day(s)
duloxetine hcl 40 mg cp dr part	2	QL 30 / 30 days
LYRICA (LYRICA 225 MG CAP, LYRICA 300 MG CAP)	2	QL 60 / 30 days
LYRICA (LYRICA 25 MG CAP, LYRICA 50 MG CAP, LYRICA 75 MG CAP, LYRICA 100 MG CAP, LYRICA 150 MG CAP, LYRICA 200 MG CAP)	2	QL 90 / 30 days
LYRICA 20 MG/ML SOLUTION	2	QLC 30 mL/day
LYRICA CR (LYRICA CR 82.5 MG TAB ER 24H, LYRICA CR 165 MG TAB ER 24H)	2	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LYRICA CR 330 MG TAB ER 24H	2	QL 60 / 30 days
pregabalin (pregabalin 225 mg cap, pregabalin 300 mg cap)	1	QL 60 / 30 days
pregabalin (pregabalin 25 mg cap, pregabalin 50 mg cap, pregabalin 75 mg cap, pregabalin 100 mg cap, pregabalin 150 mg cap, pregabalin 200 mg cap)	1	QL 90 / 30 days
pregabalin 20 mg/ml solution	1	QLC 30 mL/day
pregabalin er	2	
SAVELLA	2	
SAVELLA TITRATION PACK	2	
MULTIPLE SCLEROSIS AGENTS		
AMPYRA	2	QL 60 / 30 days
AUBAGIO	2	
AVONEX PEN	1	
AVONEX PREFILLED	1	
BAFIERTAM	2	QL 120 / 30 days
BETASERON	1	
BRIUMVI	1	PA
cladribine (10 tabs)	2	
cladribine (4 tabs)	2	
cladribine (5 tabs)	2	
cladribine (6 tabs)	2	
cladribine (7 tabs)	2	
cladribine (8 tabs)	2	
cladribine (9 tabs)	2	
COPAXONE 20 MG/ML SOLN PRSYR	2	QL 30 / 30 days
COPAXONE 40 MG/ML SOLN PRSYR	2	QL 12 / 28 days
dalfampridine er	1	QL 60 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
dimethyl fumarate (dimethyl fumarate 120 mg cap dr, dimethyl fumarate 240 mg cap dr)	1	PA
dimethyl fumarate starter pack	1	PA
EXTAVIA	2	
fingolimod hcl	1	
GILENYA 0.25 MG CAP	2	
GILENYA 0.5 MG CAP	2	PA
glatiramer acetate 20 mg/ml soln prsyr	1	QL 30 / 30 days
glatiramer acetate 40 mg/ml soln prsyr	1	QL 12 / 28 days
glatopa 20 mg/ml soln prsyr	1	QL 30 / 30 days
glatopa 40 mg/ml soln prsyr	1	QL 12 / 28 days
KESIMPTA	1	PA
LEMTRADA	2	
MAVENCLAD (10 TABS)	2	
MAVENCLAD (4 TABS)	2	
MAVENCLAD (5 TABS)	2	
MAVENCLAD (6 TABS)	2	
MAVENCLAD (7 TABS)	2	
MAVENCLAD (8 TABS)	2	
MAVENCLAD (9 TABS)	2	
MAYZENT 0.25 MG TAB	2	QL 120 / 30 days
MAYZENT 1 MG TAB	2	
MAYZENT 2 MG TAB	2	QL 30 / 30 days
MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK	2	QLC 1 fill per lifetime
MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK	2	
OCREVUS	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OCREVUS ZUNOVO	1	PA
PLEGRIDY	2	
PLEGRIDY STARTER PACK	2	
PONVORY	2	QL 30 / 30 days
PONVORY STARTER PACK	2	QL 14 / 14 days
REBIF	1	
REBIF REBIDOSE	1	
REBIF REBIDOSE TITRATION PACK	1	
REBIF TITRATION PACK	1	
TASCENSO ODT	2	
TECFIDERA	2	
teriflunomide	1	QL 30 / 30 days PA
TYRUKO	2	
TYSABRI	1	PA
VUMERITY	2	QL 120 / 30 days
ZEPOSIA	2	QL 30 / 30 days
ZEPOSIA 7-DAY STARTER PACK	2	QLC 1 fill per lifetime
ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK	2	QLC 1 fill per lifetime
ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK	2	
DENTAL AND ORAL AGENTS		
cevimeline hcl	1	QL 90 / 30 day(s)
chlorhexidine gluconate 0.12 % solution	1	QL 946 mL / 30 day(s)
DENTA 5000 PLUS	1	
dentagel	1	
just right 5000 1.1 % gel	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
kourzeq	1	
oralone	1	
periogard	1	QL 946 mL / 30 day(s)
pilocarpine hcl (pilocarpine hcl 5 mg tab, pilocarpine hcl 7.5 mg tab)	1	QL 4 / 1 days
triamcinolone acetonide 0.1 % paste	1	
DERMATOLOGICAL AGENTS		
ACNE AND ROSACEA AGENTS		
ABSORICA	2	PA
ABSORICA LD	2	
ACANYA	2	
accutane	2	PA
acitretin	1	
acne medication	1	
acne medication 10 (acne medication 10 10 % gel, acne medication 10 10 % lotion)	1	
acne medication 2.5	1	
acne medication 5 (acne medication 5 5 % gel, acne medication 5 5 % lotion)	1	
adapalene 0.1 % cream	2	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene 0.1 % gel	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
ADAPALENE 0.1 % SOLUTION	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene 0.3 % gel pump	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
adapalene 0.3 % gel tube	1	AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene treatment	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene-benzoyl peroxide 0.1-2.5 % gel	1	AL1 Up to 20 yrs old C Age restriction, clinical PA required
adapalene-benzoyl peroxide 0.3-2.5 % gel	1	AL1 Up to 20 yrs old C Age restriction, clinical PA required
AKLIEF	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
ALTRENO	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
amnesteem	1	PA
AMZEEQ	2	
ARAZLO	2	
ATRALIN	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
avita 0.025 % cream	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
avita 0.025 % gel	2	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
azelaic acid 15 % gel	1	QL 50 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AZELEX	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
BENZAMYCIN	2	
benzoyl peroxide (benzoyl peroxide 2.5 % gel, benzoyl peroxide 5 % gel, benzoyl peroxide 5 % lotion, benzoyl peroxide 10 % gel, benzoyl peroxide 10 % lotion)	1	
benzoyl peroxide-erythromycin	1	
BPO	2	
CABTREO	2	
claravis	1	PA
CLINDACIN ETZ 1 % KIT	2	
CLINDACIN PAC	2	
clindamycin phos-benzoyl perox (clindamycin phos-benzoyl perox 1-5 % gel, clindamycin phos-benzoyl perox 1.2-2.5 % gel, clindamycin phos-benzoyl perox 1.2-3.75 % gel)	2	
clindamycin phos-benzoyl perox 1-5 % gel pump	2	
clindamycin phos-benzoyl perox 1.2-5 % gel	1	
clindamycin-tretinoin	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
CLINDAVIX	2	
cvs adapalene	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.1 % CREAM	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
differin 0.1 % gel	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIFFERIN 0.1 % LOTION	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
DIFFERIN 0.3 % GEL	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
EPIDUO	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
EPIDUO FORTE	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
FABIOR	2	
isotretinoin (isotretinoin 10 mg cap, isotretinoin 20 mg cap, isotretinoin 30 mg cap, isotretinoin 40 mg cap)	1	PA
isotretinoin (isotretinoin 25 mg cap, isotretinoin 35 mg cap)	2	PA
KLARON	2	
medpura benzoyl peroxide (medpura benzoyl peroxide 5 % gel, medpura benzoyl peroxide 10 % gel)	1	
NEUAC (NEUAC 1.2-5 % GEL, NEUAC 1.2-5 % KIT)	2	
ONEXTON	2	
panoxyl acne treatment	1	
RETIN-A	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
RETIN-A MICRO	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
RETIN-A MICRO PUMP	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sulfacetamide sodium (acne)	2	
tazarotene (tazarotene 0.05 % cream, tazarotene 0.05 % gel, tazarotene 0.1 % foam, tazarotene 0.1 % gel)	2	
tazarotene 0.1 % cream	2	QL 30 / 30 days
tretinoin (tretinoin 0.01 % gel, tretinoin 0.025 % gel)	2	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin (tretinoin 0.025 % cream, tretinoin 0.05 % cream, tretinoin 0.1 % cream)	1	QL 45 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin 0.05 % gel	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
TRETINOIN MICROSPHERE (TRETINOIN MICROSPHERE 0.04 % GEL, TRETINOIN MICROSPHERE 0.1 % GEL)	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin microsphere 0.08 % gel	2	
TRETINOIN MICROSPHERE PUMP (TRETINOIN MICROSPHERE PUMP 0.04 % GEL, TRETINOIN MICROSPHERE PUMP 0.1 % GEL)	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
tretinoin microsphere pump 0.08 % gel	2	
WINLEVI	2	
zenatane	1	PA
ZIANA	2	AL1 Up to 20 yrs old C Age restriction, clinical PA required
DERMATITIS AND PRURITUS AGENTS		
ADBRY	1	PA
al12	1	
ALA SCALP	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ala-cort	2	QL 2 / 1 days
alclometasone dipropionate 0.05 % cream	2	QL 30 / 30 days
alclometasone dipropionate 0.05 % ointment	2	QL 60 / 24 days
amcinonide (amcinonide 0.1 % cream, amcinonide 0.1 % lotion, amcinonide 0.1 % ointment)	2	
amlactin daily	1	
amlactin daily nourish	1	
ammonium lactate (ammonium lactate 12 % cream, ammonium lactate 12 % lotion)	1	
anti-itch 2-0.1 % cream	1	QL 30 / 7 days
anti-itch extra strength	1	QL 30 / 7 days
anti-itch maximum strength	1	QL 2 / 1 days
APEXICON E	2	
aquanil hc	1	
aquaphor itch relief children	2	QL 30 / 7 days
aquaphor itch relief max str	2	QL 30 / 7 days
banophen 2-0.1 % cream	1	QL 30 / 7 days
benadryl extra strength 2-0.1 % cream	1	QL 30 / 7 days
betamethasone dipropionate 0.05 % cream	1	QL 45 / 28 days
betamethasone dipropionate 0.05 % lotion	1	
betamethasone dipropionate 0.05 % ointment	2	
betamethasone dipropionate aug (betamethasone dipropionate aug 0.05 % gel, betamethasone dipropionate aug 0.05 % lotion)	2	
betamethasone dipropionate aug 0.05 % cream	1	QL 30 / 30 days
betamethasone dipropionate aug 0.05 % ointment	2	QL 50 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
betamethasone valerate 0.1 % cream	1	QL 45 / 24 days
BETAMETHASONE VALERATE 0.1 % LOTION	1	QL 60 / 27 days
betamethasone valerate 0.1 % ointment	1	
betamethasone valerate 0.12 % foam	2	
BRYHALI	2	
CAPEX	2	
clobetasol prop emollient base	2	QL 60 / 27 days
clobetasol prop emollient base 0.05 % cream	2	
clobetasol propionate (clobetasol propionate 0.025 % cream, clobetasol propionate 0.05 % foam, clobetasol propionate 0.05 % liquid, clobetasol propionate 0.05 % lotion, clobetasol propionate 0.05 % shampoo)	2	
clobetasol propionate 0.05 % cream	1	QL 60 / 27 days
clobetasol propionate 0.05 % gel	2	QL 60 / 24 days
clobetasol propionate 0.05 % ointment	1	QL 60 / 30 day(s)
clobetasol propionate 0.05 % solution	1	QL 50 / 30 days
clobetasol propionate e	2	
clobetasol propionate emulsion	2	
CLOBEX	2	
CLOBEX SPRAY	2	
CLOCORTOLONE PIVALATE	2	
clodan 0.05 % shampoo	1	
CLODERM	2	
CORDRAN 4 MCG/SQCM TAPE	2	
cortizone-10 feminine itch	2	QL 2 / 1 days
cortizone-10 intensve moisture	2	QL 2 / 1 days
cortizone-10 maximum strength	2	
cortizone-10 overnight itch	2	QL 2 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cortizone-10 psoriasis	1	
cortizone-10 sensitive skin	2	QL 2 / 1 days
cortizone-10 soothing aloe	2	QL 2 / 1 days
cortizone-10 ultra soothing	2	QL 2 / 1 days
cortizone-10 water resistant	2	QL 30 / 7 days
cortizone-10/aloe 1 % liquid	2	
CUTIVATE	2	
cvs cortisone maximum strength 1 % ointment	1	QL 30 / 7 days
cvs hydrating skin treatment	1	
cvs hydrocortisone anti-itch 0.5 % cream	1	QL 30 / 7 days
cvs itch relief extra strength	1	QL 30 / 7 days
cvs skin treatment	1	
DERMA-SMOOTHE/FS BODY	2	
DERMA-SMOOTHE/FS SCALP	2	
desonide 0.05 % cream	2	QL 120 / 24 days
DESONIDE 0.05 % GEL	2	
desonide 0.05 % lotion	2	QL 118 / 24 days
desonide 0.05 % ointment	2	QL 60 / 27 days
DESOWEN	2	
desoximetasone (desoximetasone 0.05 % cream, desoximetasone 0.05 % gel, desoximetasone 0.05 % ointment, desoximetasone 0.25 % cream, desoximetasone 0.25 % liquid, desoximetasone 0.25 % ointment)	2	
desrx	2	
diflorasone diacetate 0.05 % cream	2	
diflorasone diacetate 0.05 % ointment	2	QL 60 / 27 days
diphenhydramine-zinc acetate	1	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIPROLENE	2	QL 50 / 30 days
EBGLYSS	1	PA
eq hydrocortisone max st	1	QL 2 / 1 days
EUCRISA	2	PA
fluocinolone acetonide (fluocinolone acetonide 0.01 % cream, fluocinolone acetonide 0.01 % solution, fluocinolone acetonide 0.025 % cream)	2	
fluocinolone acetonide 0.025 % ointment	2	QL 60 / 30 days
fluocinolone acetonide body	1	
fluocinolone acetonide scalp	1	
fluocinonide (fluocinonide 0.05 % gel, fluocinonide 0.05 % ointment, fluocinonide 0.05 % solution)	1	QL 60 / 24 days
fluocinonide 0.05 % cream	1	QL 120 / 24 days
fluocinonide 0.1 % cream	1	
fluocinonide emulsified base	2	QL 60 / 24 days
flurandrenolide (flurandrenolide 0.05 % cream, flurandrenolide 0.05 % lotion)	2	
fluticasone propionate (fluticasone propionate 0.005 % ointment, fluticasone propionate 0.05 % cream)	1	
FLUTICASONE PROPIONATE 0.05 % LOTION	2	
ft ammonium lactate	1	
ft anti-itch extra strength	1	QL 30 / 7 days
ft itch relief max strength 1 % cream	1	QL 2 / 1 days
ft itch relief max strength 1 % ointment	1	QL 30 / 7 days
ft itch relief/aloe max str	1	QL 2 / 1 days
gnp anti-itch 2-0.1 % cream	1	QL 30 / 7 days
gnp hydrocortisone	1	QL 30 / 7 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gnp hydrocortisone max st	1	QL 30 / 7 days
gnp hydrocortisone plus	1	QL 2 / 1 days
gnp hydrocortisone/aloe	1	QL 2 / 1 days
halcinonide (halcinonide 0.1 % cream, halcinonide 0.1 % solution)	2	
halobetasol propionate (halobetasol propionate 0.05 % cream, halobetasol propionate 0.05 % ointment)	2	QL 50 / 30 days
halobetasol propionate 0.05 % foam	2	
HALOG (HALOG 0.1 % CREAM, HALOG 0.1 % OINTMENT, HALOG 0.1 % SOLUTION)	2	
hm hydrocortisone plus	1	QL 2 / 1 days
hm hydrocortisone-aloe max st	1	QL 2 / 1 days
HYDROCORT LOTION COMPLETE KIT	2	
hydrocortisone (hydrocortisone 0.5 % cream, hydrocortisone 1 % ointment)	1	QL 30 / 7 days
HYDROCORTISONE (HYDROCORTISONE 2 % LOTION, HYDROCORTISONE 2.5 % SOLUTION)	2	
hydrocortisone (hydrocortisone 2.5 % cream, hydrocortisone 2.5 % ointment)	1	
hydrocortisone (perianal)	1	
hydrocortisone 1 % cream	1	QL 2 / 1 days
HYDROCORTISONE 2.5 % LOTION	1	QL 118 / 24 days
HYDROCORTISONE ACETATE (HYDROCORTISONE ACETATE 1 % CREAM, HYDROCORTISONE ACETATE 1 % OINTMENT)	1	
HYDROCORTISONE ACETATE 2.5 % CREAM	2	
hydrocortisone anti-itch	1	QL 2 / 1 days
HYDROCORTISONE BUTYR LIPO BASE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYDROCORTISONE BUTYRATE (HYDROCORTISONE BUTYRATE 0.1 % CREAM, HYDROCORTISONE BUTYRATE 0.1 % LOTION, HYDROCORTISONE BUTYRATE 0.1 % OINTMENT, HYDROCORTISONE BUTYRATE 0.1 % SOLUTION)	2	
hydrocortisone max st 1 % cream	1	QL 2 / 1 days
hydrocortisone max st 1 % ointment	1	QL 30 / 7 days
hydrocortisone max st/12 moist	1	QL 2 / 1 days
hydrocortisone valerate	2	QL 60 / 24 days
hydrocortisone/aloe max str	1	QL 2 / 1 days
HYDROXYM 2 % GEL	2	
IMPEKLO	2	
IMPOYZ	2	
itch relief extra strength 2-0.1 % cream	1	QL 30 / 7 days
KENALOG	2	
LEXETTE	2	
LOCOID	2	
LOCOID LIPOCREAM	2	
LUXIQ	2	
medpura hydrocortisone	1	QL 2 / 1 days
MICORT HC	2	
mometasone furoate 0.1 % cream	1	QL 45 / 30 days
mometasone furoate 0.1 % ointment	1	QL 45 / 19 days
mometasone furoate 0.1 % solution	1	QL 60 / 30 days
OLUX	2	
OLUX-E	2	
PANDEL	2	
prednicarbate	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
procto-med hc	1	
proctocort 1 % cream	1	
proctosol hc	1	
proctozone-hc	1	
PROTOPIC	1	
PSORCON	2	
qc anti-itch aloe	1	QL 2 / 1 days
qc anti-itch extra strength	1	QL 30 / 7 days
ra allergy 2-0.1 % cream	1	QL 30 / 7 days
ra anti-itch skin protectant	1	QL 30 / 7 days
scalpicin maximum strength	1	
selenium sulfide 2.5 % lotion	1	
SERNIVO	2	
sm anti-itch extra strength	1	QL 30 / 7 days
sm hydrocortisone 1 % cream	1	QL 2 / 1 days
sm hydrocortisone max st	1	QL 30 / 7 days
sm hydrocortisone plus	1	QL 2 / 1 days
SYNALAR (SYNALAR 0.01 % SOLUTION, SYNALAR 0.025 % CREAM)	2	
SYNALAR 0.025 % OINTMENT	2	QL 60 / 30 days
tacrolimus (tacrolimus 0.03 % ointment, tacrolimus 0.1 % ointment)	1	
TEMOVATE 0.05 % CREAM	2	
TEMOVATE 0.05 % OINTMENT	2	QL 60 / 30 day(s)
TEXACORT	2	
TOPICORT	2	
TOPICORT SPRAY	2	
tovet (tovet 0.05 % foam, tovet 0.05 % kit)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
triamcinolone acetonide (triamcinolone acetonide 0.025 % cream, triamcinolone acetonide 0.025 % ointment, triamcinolone acetonide 0.1 % cream, triamcinolone acetonide 0.1 % ointment)	1	QL 456 / 24 days
triamcinolone acetonide (triamcinolone acetonide 0.05 % ointment, triamcinolone acetonide 0.1 % lotion)	1	
triamcinolone acetonide 0.025 % lotion	1	QL 120 / 24 days
triamcinolone acetonide 0.147 mg/gm aero soln	2	
triamcinolone acetonide 0.5 % cream	1	QL 60 / 27 days
triamcinolone acetonide 0.5 % ointment	1	QL 30 / 24 days
triamcinolone in absorbase	1	
trianex	2	
triderm	2	QL 60 / 27 days
tritocin	2	
ULTRAVATE	2	
VANOS	2	
VTAMA	2	
wal-dryl	1	QL 30 / 7 days
CLOBETEX	2	
DERMATOLOGICAL AGENTS, OTHER		
a&d	1	
a+d prevent ointment	1	
ALDARA	2	
amlactin intensive healing	1	
ANZUPGO	2	
aqua glycolic hand/body	1	
arthritis pain relieving	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AVAR CLEANSER	2	
AVAR-E EMOLLIENT	2	
avar-e green	2	
avedana hemorrhoid pain relief 0.25-14-74.9 % ointment	1	QL 114 / 30 days
aveeno daily moisturizing lotion	1	
aveeno stress relief	1	
baby vitamin a & d	1	
balmbarr hand & body lotion	1	
beauty 360 advanced skin care	1	
beauty lotion	1	
bengay ultra strength 4-10-30 % cream	1	
BENSAL HP	2	
BENZEPRO 5.8 % MISC	2	
benzoyl peroxide 10 % liquid	1	
benzoyl peroxide wash	1	
beta care lotion	1	
BP 10-1	2	
BP CLEANSING WASH	2	
BPO FOAMING CLOTHS	2	
calcipotriene (calcipotriene 0.005 % cream, calcipotriene 0.005 % ointment)	1	QL 60 / 30 days
CALCIPOTRIENE 0.005 % FOAM	2	
calcipotriene 0.005 % solution	1	
calcipotriene-betameth diprop	1	
calcitrene	2	QL 60 / 30 days
CALCITRIOL 3 MCG/GM OINTMENT	2	
CALSODORE (CALSODORE 0.005 % KIT, CALSODORE 0.005-5 % THER PACK)	2	
capsaicin (capsaicin 0.035 % cream, capsaicin 0.05 % cream)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
capsaicin (capsaicin 0.075 % cream, capsaicin 0.1 % cream)	1	
capsaicin 0.025 % cream	1	QL 60 / 20 days
capsaicin hp	1	
capsaicin pain relief	1	
capzasin-hp	2	
capzix	2	
cerave acne foaming cream	2	
cerave am spf 30	1	
cerave daily moisturizing	1	
cerave pm	1	
cerave sa rough & bumpy skin lotion	1	
cetaphil advanced relief	1	
cetaphil daily advance	1	
cetaphil daily facial spf 15	1	
cetaphil moisturizing lotion	1	
cetaphil restoraderm lotion	1	
CIBINQO	1	PA
CLENIA PLUS	2	
cln facial moisturizer nourish	1	
CLODAN 0.05 % KIT	2	
clotrimazole-betamethasone 1-0.05 % cream	1	QL 45 / 28 days
clotrimazole-betamethasone 1-0.05 % lotion	2	
cocoa butter lotion	1	
cocoa butter hand & body	1	
complete moisture	1	
compound w fast acting/conseal	1	
compound w maximum strength	1	
corn huskers	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
corti-sav	2	
cutemol lotion	1	
cvs beauty 360 dry skin	1	
cvs capsaicin hp	1	
cvs daily ultra moisture	1	
cvs dry skin therapy lotion	1	
cvs extra moisturizing	1	
cvs gentle skin cleanser	1	
cvs hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
cvs intense dry skin therapy	1	
cvs moisturizing lotion	1	
cvs muscle rub ultra strength	1	
cvs skin therapy	1	
cvs special care	1	
cvs vitamin a&d	1	
cvs wart remover pen	1	
daily moisturizing lotion	1	
dermacinrx capsaicin	2	
dermacinrx penetral	2	QL 60 / 20 days
dermal therapy extra strength	1	
dermal therapy face care	1	
dermal therapy foot massage	1	
dermal therapy hand/elbow	1	
dermal therapy heel care	1	
diabetiderm lotion	1	
dml	1	
DOVONEX	2	QL 2 / 1 days
DRYSOL	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DUOBRII	2	
emollia-lotion	1	
ENSTILAR	2	
epilyt	1	
eq pain relieving 4-10-30 % cream	1	
eq vitamins a & d	1	
eql absolute moisture dry skin	1	
eql advanced recovery	1	
eql advanced skin therapy	1	
eql aloe after sun	1	
eql hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
eql ultra moisturizing daily	1	
eucerin baby	1	
eucerin daily hydration lotion	1	
eucerin daily hydration spf15	1	
eucerin daily protection/spf30	1	
eucerin intensive repair lotion	1	
eucerin original healing lotion	1	
eucerin roughness relief lotion	1	
eucerin smoothing repair	1	
flexitol sensitive skin	1	
fluorouracil (fluorouracil 2 % solution, fluorouracil 5 % cream, fluorouracil 5 % solution)	1	
ft hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
gnp hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
gnp muscle rub ultra strength	1	
gold bond everyday moisture	1	
gold bond healing lotion	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
gold bond medicated body	1	
gold bond medicated body ex st (gold bond medicated body ex st 0.5 % lotion, gold bond medicated body ex st 5-0.5 % lotion)	1	
gold bond pure moisture	1	
gold bond ult sheer ribbons	1	
gold bond ultimate lotion	1	
gold bond ultimate healing lotion	1	
gold bond ultimate overnight	1	
gold bond ultimate protection	1	
gold bond ultimate restoring	1	
gold bond ultimate softening	1	
gold bond ultimate soothing lotion	1	
goodsense hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
goodsense muscle rub 4-10-30 % cream	1	
gordomatic lotion	1	
hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
hm hemorrhoidal	1	QL 114 / 30 days
hydrocortisone-iodoquinol	2	
imiquimod 3.75 % cream	2	
imiquimod 5 % cream	1	QL 48 / 365 days
imiquimod pump	2	
IODOQUINOL-HC-ALOE POLYSACCH	2	
johnsons skin nourish moist	1	
keri nourishing shea butter	1	
keri original daily moisture	1	
LITFULO	2	
lubricating lotion	1	
lubriderm	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lubriderm advanced therapy lotion	1	
lubriderm daily moisture	1	
lubriderm intense skin repair	1	
lubrisoft	1	
mederma ag hand & body	1	
medpura benzoyl peroxide (medpura benzoyl peroxide 5 % liquid, medpura benzoyl peroxide 10 % liquid)	1	
medpura vitamin a & d	1	
MINERAL OIL-HYDROPHIL PETROLAT	1	
minerin	1	
moisture	1	
moisture recovery	1	
moisture-all	1	
moisturizing lotion	1	
moisturizing sensitive skin	1	
msm skin	1	
muscle rub ultra strength	1	
NEO-SYNALAR (NEO-SYNALAR 0.5-0.025 % CREAM, NEO-SYNALAR 0.5-0.025 % KIT)	2	
neutrogena moisture sens skin	1	
nivea lotion	1	
nivea essentially enriched	1	
nivea in-shower	1	
nivea intense healing	1	
nivea shea nourish	1	
nutraderm lotion	1	
nutraderm advanced formula	1	
nystatin-triamcinolone	1	
OPZELURA	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTEZLA (OTEZLA 4 X 10 & 51 X20 MG TAB THPK, OTEZLA 10 & 20 & 30 MG TAB THPK)	1	PA
OTEZLA 20 MG TAB	1	QL 60 / 30 day(s) PA
OTEZLA 30 MG TAB	1	QL 60 / 30 days PA
OTEZLA XR	2	
OTEZLA/OTEZLA XR INITIATION PK	2	
pain relieving ultra st 4-10-30 % cream	1	
palmers cocoa butter formula lotion	1	
palmers coconut oil body	1	
palmers stretch marks lotion	1	
panoxyl creamy wash	1	
panoxyl foaming wash	1	
PLEXION	2	
PLEXION CLEANSER	2	
PLEXION CLEANSING CLOTH	2	
podofilox 0.5 % solution	1	
preparation h 0.25-14-74.9 % ointment	1	QL 114 / 30 days
PROCTOFOAM HC	1	
qc hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
qc pain relieving	1	
QUTENZA	2	
QUTENZA (2 PATCH)	2	
QUTENZA (4 PATCH)	2	
ra wart remover 17 % gel	1	
radiaguard advanced lotion	1	
refreshing aloe	1	
SALICYLIC ACID 3 % OINTMENT	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SALICYLIC ACID WART REMOVER	1	
sebasorb	1	
silver sulfadiazine 1 % cream	1	
skin repair	1	
sm dry skin therapy	1	
sm hemorrhoidal 0.25-14-74.9 % ointment	1	QL 114 / 30 days
SODIUM SULFACETAMIDE WASH	2	
SORILUX	2	
ssd	1	
SSS 10-5 10-5 % CREAM	1	
SSS 10-5 10-5 % FOAM	2	
studio 35 extra moisturizing	1	
SULFACETAMIDE SOD-SULFUR WASH 9-4 % LIQUID	2	
SULFACETAMIDE SOD-SULFUR WASH 9-4.5 % LIQUID	1	
SULFACETAMIDE SODIUM (CLEANS)	2	
SULFACETAMIDE SODIUM 10 % LIQUID	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SULFACETAMIDE SODIUM-SULFUR (SULFACETAMIDE SODIUM-SULFUR 8-4 % SUSPENSION, SULFACETAMIDE SODIUM-SULFUR 9-4 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 9-4.25 % SUSPENSION, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % CREAM, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % LOTION, SULFACETAMIDE SODIUM-SULFUR 9.8-4.8 % PAD, SULFACETAMIDE SODIUM-SULFUR 10-1 % EMULSION, SULFACETAMIDE SODIUM-SULFUR 10-2 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-2 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 10-4 % PAD, SULFACETAMIDE SODIUM-SULFUR 10-5 % CREAM, SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION, SULFACETAMIDE SODIUM-SULFUR 10-5 % SUSPENSION)	2	
SULFACETAMIDE SODIUM-SULFUR (SULFACETAMIDE SODIUM-SULFUR 9-4.5 % LIQUID, SULFACETAMIDE SODIUM-SULFUR 10-5 % LIQUID)	1	
SULFACETAMIDE-SULFUR IN UREA	1	
SUMADAN	2	
SUMADAN WASH	2	
SUMADAN XLT	2	
SUMAXIN	2	
SUMAXIN CP	2	
SYNALAR (CREAM)	2	
SYNALAR (OINTMENT)	2	
SYNALAR TS	2	
sync relief pro	1	
TACLONEX 0.005-0.064 % OINTMENT	1	
TACLONEX 0.005-0.064 % SUSPENSION	2	
thera-derm	1	
TRILOCICLO	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TWYNEO	2	QL 30 / 30 days AL1 Up to 20 yrs old C Age restriction, clinical PA required
urea 40 % cream	1	QL 227 / 30 day(s)
vanicream lotion	1	
VECTICAL	2	
vitamin a & d ointment	1	
vitamin a & d skin protectant	1	
vitamin a&d	1	
vitamins a & d ointment	1	
wart remover	1	
wart remover maximum strength 17 % gel	1	
wibi	1	
WYNZORA	2	
XERESE	2	
ZORYVE (ZORYVE 0.05 % CREAM, ZORYVE 0.15 % CREAM)	2	PA
ZORYVE 0.3 % CREAM	1	PA
ZORYVE 0.3 % FOAM	1	QL 60 / 30 day(s) PA
zostrix hp	1	
ZYCLARA	2	
ZYCLARA PUMP	2	
PEDICULICIDES/SCABICIDES		
crotan	2	
cvs ivermectin lice treatment	2	
cvs lice killing	1	
cvs lice solution 3-step	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELIMITE	2	
gnp lice treatment (gnp lice treatment 0.33-4 % shampoo, gnp lice treatment 1 % liquid)	1	
goodsense lice killing	1	
goodsense lice killing max str	1	
hm lice killing max st	1	
hm lice treatment	1	
ivermectin 0.5 % lotion	2	
lice killing	1	
lice killing maximum strength	1	
lice killing shampoo max str	1	
lice treatment creme rinse	1	
malathion	2	QL 118 / 30 days
NATROBA	1	QL 240 / 30 day(s)
OVIDE	2	
PERMETHRIN 5 % CREAM	1	
pruradik	2	
sm lice killing max strength	1	
sm lice solution kit 3-step	1	
sm lice treatment	1	
spinosad	2	QL 240 / 30 day(s)
VANALICE	2	
TOPICAL ANTI-INFECTIVES		
acyclovir 5 % cream	2	
acyclovir 5 % ointment	1	
ACZONE	2	
benzefoam	2	
BENZEPRO 5.2 % FOAM	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CENTANY	2	
CENTANY AT	2	
ciclodan	2	QL 6.6 / 30 days
ciclopirox (ciclopirox 0.77 % gel, ciclopirox 1 % shampoo)	2	
ciclopirox 8 % solution	1	QL 6.6 / 30 days
ciclopirox olamine (ciclopirox olamine 0.77 % cream, ciclopirox olamine 0.77 % suspension)	1	
CICLOPIROX TREATMENT	2	
CLEOCIN-T	2	
clindacin	2	
clindacin etz 1 % swab	2	
clindacin-p	2	
CLINDAGEL	2	QL 120 / 30 days
clindamycin phos (once-daily)	2	QL 120 / 30 days
clindamycin phos (twice-daily)	1	QL 120 / 30 days
clindamycin phosphate (clindamycin phosphate 1 % lotion, clindamycin phosphate 1 % swab)	1	
clindamycin phosphate 1 % foam	2	
clindamycin phosphate 1 % solution	1	QL 120 / 30 days
cvs antibiotic	1	QL 30 / 10 days
cvs antibiotic/pain relief	1	
dapsone (dapsone 5 % gel, dapsone 7.5 % gel)	2	
DENAVIR	2	
double antibiotic	1	QL 30 / 10 days
ery	1	
ERYGEL	2	
erythromycin 2 % gel	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
erythromycin 2 % solution	1	
EVOCLIN	2	
ft antibiotic + pain relief	1	
ft double antibiotic	1	QL 30 / 10 days
ft triple antibiotic	1	QL 30 / 10 days
ft triple antibiotic + pain	1	QL 30 / 10 days
gnp antibiotic/pain relief	1	
gnp triple antibiotic	1	QL 30 / 10 days
gnp triple antibiotic plus	1	QL 30 / 10 days
goodsense antibiotic/pain	1	
goodsense first aid antibiotic	1	QL 30 / 10 days
hm double antibiotic	1	QL 30 / 10 days
hm triple antibiotic	1	QL 30 / 10 days
hm triple antibiotic max st	1	QL 30 / 10 days
lintera wash	2	
LOPROX (LOPROX 0.77 % (SUSP) KIT, LOPROX 0.77 % CREAM, LOPROX 0.77 % KIT, LOPROX 0.77 % SUSPENSION, LOPROX 1 % SHAMPOO)	2	
multi antibiotic plus	1	
mupirocin 2 % ointment	1	
mupirocin calcium	2	
neosporin original 3.5-400-5000 ointment	2	QL 30 / 10 days
neosporin plus pain relief ms	2	
neosporin/burn relief	2	QL 30 / 10 days
penciclovir	2	
poly bacitracin	1	QL 30 / 10 days
polysporin	2	QL 30 / 10 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
qc triple antibiotic max st	1	QL 30 / 10 days
ra antibiotic plus	1	
sm antibiotic plus pain relief	1	
sm double antibiotic	1	QL 30 / 10 days
sm triple antibiotic	1	QL 30 / 10 days
sm triple antibiotic max st	1	QL 30 / 10 days
sm triple antibiotic original	1	QL 30 / 10 days
triple antibiotic	1	QL 30 / 10 days
triple antibiotic pain relief	1	QL 30 / 10 days
triple antibiotic plus	1	QL 30 / 10 days
triple antibiotic+pain relief	1	QL 30 / 10 days
XEPI	2	
ZOVIRAX (ZOVIRAX 5 % CREAM, ZOVIRAX 5 % OINTMENT)	2	
ELECTROLYTES/MINERALS/METALS/VITAMINS		
ELECTROLYTE/MINERAL REPLACEMENT		
ACTIVE FE	2	
advantage care electrolyte ped	1	QL 1014 / 1 days
AIRBORNE CHEW TAB	1	QL 60 / 30 days
AIRBORNE ELDERBERRY	1	QL 60 / 30 days
ALIVE DAILY ENERGY	1	
ALIVE IMMUNE/ELDERBERRY	1	QL 60 / 30 days
ALPHA BETIC TAB	1	
ATABEX ONE	2	
BARIATRIC MULTIVITAMIN/IRON	1	QL 60 / 30 days
BARIATRIC MULTIVITAMINS CHEW TAB	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BARIATRIC MULTIVITAMINS/IRON CHEW TAB	1	QL 60 / 30 days
BENTIVITE	2	
biolyte solution	1	QL 1014 / 1 days
bprotected pedia iron	1	
CENTRATEX	2	
CENTRUM ADULT 50+ MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM ADULTS MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM DUAL ACT MULTI+ BEAUTY	1	QL 60 / 30 days
CENTRUM DUAL ACT MULTI+OMEGA-3	1	QL 60 / 30 days
CENTRUM MEN 50+ MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM MEN MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM MULTI+ MENTAL FOCUS	1	QL 60 / 30 days
CENTRUM POSTNATAL GUMMIES	1	QL 60 / 30 days
CENTRUM WOMEN 50+ MULTIGUMMIES	1	QL 60 / 30 days
CENTRUM WOMEN MULTIGUMMIES	1	QL 60 / 30 days
ceralyte 70 solution	1	QL 1014 / 1 days
cerasport solution	1	QL 1014 / 1 days
cerasport ex1 solution	1	QL 1014 / 1 days
CHROMAGEN	2	
CITRANATAL ASSURE	2	
CITRANATAL DHA	2	
COMPLETE NATAL DHA	1	
CORVITA 150	2	
CORVITE 150 TAB	2	
CORVITE FE	2	
CULTURELLE PROBIOTICS + MULTIV	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CVS ADULT MULTIVITAMIN	1	QL 60 / 30 days
cvs electrolyte solution	1	QL 1014 / 1 days
cvs iron 240 (27 fe) mg tab	1	QL 30 / 30 days
cvs iron 325 (65 fe) mg tab	1	
cvs ped electrolyte freeze pop	1	QL 1014 / 1 days
cvs pediatric electrolyte	1	QL 1014 / 1 days
CVS PRENATAL MULTIVITAMIN	2	
cvs slow release iron	1	
EFFER-K 25 MEQ EFFER TAB	1	QL 4 / 1 days
EMERGEN-C APPLE CIDER VINEGAR CHEW TAB	1	QL 60 / 30 days
EMERGEN-C ASHWAGANDHA CHEW TAB	1	QL 60 / 30 days
EMERGEN-C IMMUNE+ CHEW TAB	1	QL 60 / 30 days
EMERGEN-C IMMUNE+ ELDERBERRY	1	QL 60 / 30 days
EMERGEN-C TURMERIC & GINGER CHEW TAB	1	QL 60 / 30 days
enfamil enfalyte	1	QL 1014 / 1 days
eql iron supplement therapy	1	
equalyte	1	QL 1014 / 1 days
EYE HEALTH GUMMIES	1	QL 60 / 30 days
fe c tab	2	
fe tabs	1	
fe-vite iron	1	
feosol	1	
FEOSOL BIFERA	2	
fer-in-sol	1	
FERAHEME	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ferate	1	QL 30 / 30 days
fergon	1	QL 30 / 30 days
FERIVA 21/7	2	
FERIVA 21/7 (WITH DOCUSATE)	2	
FERIVAFA	2	
ferocon	2	
ferosul	1	
FERRALET 90	2	
FERREX 150 FORTE	1	
FERRLECIT	1	
FERRO-SEQUELS	2	
ferrocite plus	2	
ferrotabs	1	QL 30 / 30 days
ferrous gluconate 240 (27 fe) mg tab	1	QL 30 / 30 days
ferrous gluconate 324 (38 fe) mg tab	1	QL 90 / 30 days
ferrous sulfate (ferrous sulfate 220 (44 fe) mg/5ml solution, ferrous sulfate 300 mg/6.8ml solution)	1	QL 15 / 1 day(s)
ferrous sulfate (ferrous sulfate 75 (15 fe) mg/ml solution, ferrous sulfate 300 (60 fe) mg/5ml solution, ferrous sulfate 324 mg tab dr, ferrous sulfate 325 (65 fe) mg tab, ferrous sulfate 325 (65 fe) mg tab dr)	1	
ferumoxytol	2	
FOLITAB 500	2	
FOLIVANE-F	1	
FOLIVANE-PLUS	2	
FT ADULT MULTI GUMMIES	1	QL 60 / 30 days
ft electrolyte	1	QL 1014 / 1 days
FT IMMUNE SUPPORT	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft iron	1	
FT PRENATAL	2	QL 30 / 30 days
FUSION	2	
FUSION PLUS	2	
GNP ADULT MINI	1	QL 60 / 30 days
GNP CENTURY ADULT	1	QL 30 / 30 day(s)
GNP CENTURY ADULT FORMULA	1	QL 30 / 30 days
GNP CENTURY MATURE MEN'S 50+	1	QL 30 / 30 days
gnp electrolyte solution	1	QL 1014 / 1 days
GNP HEALTHY EYES	1	QL 30 / 30 days
GNP IMMUNE SUPPORT CHEW TAB	1	QL 60 / 30 days
gnp iron 200 (65 fe) mg tab	1	
GNP MEGA MULTI FOR MEN	1	QL 30 / 30 days
GNP ONE DAILY MAXIMUM	1	QL 30 / 30 days
GNP PRENATAL/FOLIC ACID	2	QL 30 / 30 days
goodsense electrolyte	1	QL 1014 / 1 days
goodsense electrolyte adv care	1	QL 1014 / 1 days
goodsense iron	1	
h-e-b oral electrolyte	1	QL 1014 / 1 days
HEMATINIC PLUS VIT/MINERALS	1	
HEMATINIC/FOLIC ACID	2	
hematogen	2	
HEMATOGEN FA	2	
HEMATOGEN FORTE	2	
hemax ezy-dose	2	
HEMOCYTE PLUS	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hemocyte-f	1	
hm pediatric electrolyte	1	QL 1014 / 1 days
hydralyte solution	1	QL 1014 / 1 days
hydralyte freezer pops	1	QL 1014 / 1 days
icar-c	2	
iferex 150 forte	1	
INFED	1	
INJECTAFER	1	PA
INTEGRA	1	
INTEGRA F	2	
INTEGRA PLUS	2	
iron (ferrous sulfate) (iron (ferrous sulfate) 75 (15 fe) mg/ml solution, iron (ferrous sulfate) 325 (65 fe) mg tab)	1	
iron 100/c	2	
iron 240 (27 fe) mg tab	1	QL 30 / 30 days
iron 27	1	QL 30 / 30 days
iron 325 (65 fe) mg tab	1	
IRON FOLATE PLUS	2	
IRON FOLATE-F	1	
iron high-potency 325 mg tab	1	
iron infant & toddler	1	
iron infant/toddler	1	
iron sucrose	2	
iron supplement 15 mg/ml solution	1	
iron supplement 220 (44 fe) mg/5ml solution	1	QL 15 / 1 day(s)
iron supplement childrens	1	
iron-vitamin c 100-250 mg tab	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IROSPAN 24/6	2	
k-prime	1	QL 4 / 1 days
kinderlyte solution	1	QL 1014 / 1 days
kinderlyte premax solution	1	QL 1014 / 1 days
klor-con	1	QL 150 / 30 days
klor-con 10	1	QL 150 / 30 days
klor-con m10	1	QL 150 / 30 days
klor-con m20	1	QL 150 / 30 days
klor-con/ef	1	QL 4 / 1 days
kp ferrous sulfate	1	
KP PRENATAL MULTIVITAMINS	2	
MASONATAL	2	
meijer ferrous sulfate	1	
MENS MULTIVITAMIN GUMMIES	1	QL 60 / 30 days
MONOFERRIC	2	
MULTI + OMEGA-3 GUMMIES	1	QL 60 / 30 days
MULTI-MAC	2	
multi-vit/iron/fluoride	1	
MULTI-VITAMIN/FLUORIDE/IRON	1	
MULTIGEN	2	
MULTIGEN FOLIC	2	
MULTIGEN PLUS	2	
MULTIVITAMIN GUMMIES WOMENS	1	QL 60 / 30 days
multivitamin w/fluoride	1	QL 30 / 30 days
multivitamin/fluoride (multivitamin/fluoride 0.25 mg chew tab, multivitamin/fluoride 0.5 mg chew tab, multivitamin/fluoride 1 mg chew tab)	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
multivitamin/fluoride/iron	1	
MVW ORANGE CHEWABLES	1	QL 60 / 30 days
na ferric gluc cplx in sucrose	1	
nafrinse	1	QL 30 / 30 days
nat-rul iron	1	
NATAL PNV	2	
NEONATAL + DHA	2	
NEPHRON FA	2	
NESTABS DHA	2	
NIFEREX	2	
NOVAFERRUM YAY	2	
NUFERA	2	
ONE A DAY PRENATAL 27-0.8-200 MG CAP	2	
ONE A DAY PRENATAL ADVANCED	2	
one vite ferrous sulfate	1	QL 15 / 1 day(s)
ONE-A-DAY WOMENS VITACRAVES	1	QL 60 / 30 days
oral electrolyte freezer pops	1	QL 1014 / 1 days
oral electrolytes	1	QL 1014 / 1 days
oralyte	1	QL 1014 / 1 days
oralyte freezer pops	1	QL 1014 / 1 days
P2I PRENATAL WITH CHOLINE	2	
pc pediatric iron drops	1	
ped electrolyte freeze pops	1	QL 1014 / 1 days
ped electrolyte freezer pops	1	QL 1014 / 1 days
pedia vance	1	QL 1014 / 1 days
pedialyte solution	1	QL 1014 / 1 days
pedialyte advanced care	1	QL 1014 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pedialyte freezer pops	1	QL 1014 / 1 days
pedialyte immune support	1	QL 1014 / 1 days
pedialyte singles	1	QL 1014 / 1 days
pediatric electrolyte solution	1	QL 1014 / 1 days
PNV PRENATAL PLUS MULTIVIT+DHA	2	
PNV TABS 20-1	2	
POLY-IRON 150 FORTE	2	
potassium chloride (potassium chloride 10 % solution, potassium chloride 20 meq/15ml (10%) solution, potassium chloride 40 meq/15ml (20%) solution)	1	QL 1800 / 30 day(s)
potassium chloride 20 meq packet	1	QL 150 / 30 days
potassium chloride crys er (potassium chloride crys er 10 meq tab er, potassium chloride crys er 20 meq tab er)	1	QL 150 / 30 days
potassium chloride er (potassium chloride er 8 meq tab er, potassium chloride er 10 meq cap er, potassium chloride er 10 meq tab er, potassium chloride er 20 meq tab er)	1	QL 150 / 30 days
potassium chloride er 8 meq cap er	1	
potassium citrate er (potassium citrate er 5 meq (540 mg) tab er, potassium citrate er 10 meq (1080 mg) tab er)	1	QL 300 / 30 days
potassium citrate er 15 meq (1620 mg) tab er	1	
PREGEN DHA	2	
PRENATAL (PRENATAL 27-0.8 MG TAB, PRENATAL 28-0.8 MG TAB)	2	
PRENATAL (W/IRON & FA)	2	
PRENATAL 19 CHEW TAB	2	
PRENATAL ESSENTIALS	2	
PRENATAL MULTI +DHA 27-0.8-228 MG CAP	2	
PRENATAL-U	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENATAL/FOLIC ACID+DHA	2	
PUREVIT DUALFE PLUS	2	
px iron 200 (65 fe) mg tab	1	
qc ferrous sulfate	1	
ra iron 325 (65 fe) mg tab	1	
ra pediatric electrolyte	1	QL 1014 / 1 days
ra slow release iron	1	
rehydralyte	1	QL 1014 / 1 days
sb pediatric electrolyte	1	QL 1014 / 1 days
SE-TAN PLUS	2	
SELECT-OB+DHA	2	
slow release iron 45 mg tab er	1	
sm iron	1	
sm pediatric electrolyte	1	QL 1014 / 1 days
sodium fluoride (sodium fluoride 0.5 mg/ml solution, sodium fluoride 1.1 (0.5 f) mg/ml solution)	1	QL 50 / 30 days
sodium fluoride 0.55 (0.25 f) mg chew tab	1	QL 4 / 1 days
sodium fluoride 1.1 (0.5 f) mg chew tab	1	QL 60 / 30 days
sodium fluoride 2.2 (1 f) mg chew tab	1	QL 30 / 30 days
sv iron	1	
TANDEM	1	
TANDEM PLUS	2	
TARON FORTE	2	
THERA-VITE MAX-M	1	QL 30 / 30 day(s)
tl-hem 150	2	
TRICON	2	
TRIGELS-F FORTE	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
truelyte	1	QL 1014 / 1 days
TULIVITE	2	
ULTRA PRENATAL VIT/MIN + DHA	2	
VENOFER	1	
VINATE DHA RF	2	
VITABEX IRON	2	
vitafol	2	
VITAFOL FE+	2	
VITAFOL-OB+DHA	2	
VITAFUSION MULTI WOMENS	1	QL 60 / 30 days
VITAMEDMD ONE RX/QUATREFOLIC	2	
VITAPEARL	2	
vitron-c	2	
VP-PNV-DHA	1	
WESNATAL DHA COMPLETE	1	
WOMENS MULTIVITAMIN + COLLAGEN	1	QL 60 / 30 days
WOMENS MULTIVITAMIN GUMMIES	1	QL 60 / 30 days
YUM-VS COMPLETE MULTIVITAMIN	1	QL 60 / 30 days
ZATEAN-PN DHA	2	
ZATEAN-PN PLUS	2	
ZIPHEX	2	
ELECTROLYTE/MINERAL/METAL MODIFIERS		
CHEMET	1	
deferasirox	1	PA
deferasirox granules	1	PA
deferiprone	2	
EXJADE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FERRIPROX (FERRIPROX 100 MG/ML SOLUTION, FERRIPROX 500 MG TAB, FERRIPROX 1000 MG TAB)	2	
FERRIPROX TWICE-A-DAY	2	
JADENU	2	
JADENU SPRINKLE	2	
PHOSPHATE BINDERS		
AURYXIA	2	
calcium acetate (phos binder)	1	QL 360 / 30 days
calcium acetate 667 mg tab	1	QL 360 / 30 days
calphron	1	QL 360 / 30 days
ferric citrate	2	
FOSRENOL	2	
lanthanum carbonate	2	
PHOSLYRA	1	
RENAGEL	2	QL 480 / 30 days
RENVELA (RENVELA 0.8 GM PACKET, RENVELA 2.4 GM PACKET)	2	
RENVELA 800 MG TAB	2	QL 510 / 30 days
sevelamer carbonate (sevelamer carbonate 0.8 gm packet, sevelamer carbonate 2.4 gm packet)	2	
sevelamer carbonate 800 mg tab	1	QL 510 / 30 days
sevelamer hcl	2	
VELPHORO	2	
POTASSIUM BINDERS		
kionex	1	QL 240 / 1 days
LOKELMA 10 GM PACKET (NDCS 00310-1110-30, 00310-1110-39 ONLY)	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LOKELMA 5 GM PACKET (NDCS 00310-1105-30, 00310-1105-39 ONLY)	1	PA
sodium polystyrene sulfonate powder	1	QL 1800 / 30 day(s)
sps (sodium polystyrene sulf)	1	QL 240 / 1 days
VELTASSA (VELTASSA 1 GM PACKET, VELTASSA 16.8 GM PACKET)	1	PA
VELTASSA 25.2 GM PACKET	2	PA
VELTASSA 8.4 GM PACKET (NDCS 53436-0084-30, 53436-0084-01 ONLY)	1	PA
VITAMINS		
A THRU Z ADVANCED	1	QL 30 / 30 days
A THRU Z ADVANCED ADULT	1	QL 30 / 30 days
A THRU Z HIGH POTENCY	1	QL 30 / 30 days
A THRU Z SELECT CHEW TAB	1	QL 60 / 30 days
A THRU Z SELECT TAB	1	QL 30 / 30 days
A THRU Z SELECT 50+ ADVANCED	1	QL 30 / 30 days
A THRU Z SELECT 50+ MENS	1	QL 30 / 30 days
A THRU Z SELECT ADVANCED	1	QL 30 / 30 days
A THRU Z SELECT ULTIMATE WOMEN	1	QL 30 / 30 days
A THRU Z ULTIMATE MENS	1	QL 30 / 30 days
actiflovit ear health	1	
ACTIVITE	1	
ADEK GUMMIES PLUS ZN	1	QL 60 / 30 days
ADULT ONE DAILY GUMMIES	1	QL 60 / 30 days
ADVANCED MULTI EA	1	QL 60 / 30 days
airborne chew tab	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AIRBORNE GUMMIES	1	QL 60 / 30 days
AIRBORNE KIDS	1	QL 60 / 30 days
AIRBORNE+GOOD REST CHEW TAB	1	QL 60 / 30 days
AIRBORNE+PROBIOTIC	1	QL 60 / 30 days
ALIVE GUMMIES FOR CHILDREN	1	
ALIVE HAIR, SKIN & NAILS CHEW TAB	1	QL 60 / 30 days
ALIVE MULTI-VITAMIN CHEW TAB	1	QL 60 / 30 days
ALIVE MULTI-VITAMIN CHILDRENS	1	
ALIVE PRENATAL	2	
ALIVE WOMENS 50+	1	QL 60 / 30 days
ALIVE WOMENS 50+ GUMMY	1	QL 60 / 30 days
ALIVE WOMENS GUMMY	1	QL 60 / 30 days
ALTRIXA OB	2	
ANTI-OXIDANT	1	QL 30 / 30 days
ANTIOXIDANT A/C/E/SELENIUM	1	QL 30 / 30 days
antioxidant protection formula	1	QL 30 / 30 days
ANTIOXIDANT VITAMINS	1	QL 30 / 30 days
b complex	1	
b complex (folic acid)	1	
b complex (lipotropics)	1	
b complex formula 1 (lipotrop)	1	
b complex formula 1 (w/ fa)	1	
b complex vitamins	1	
b complex-b12	1	
b-12 1000 mcg tab er	1	
b-12 slow release	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
b-12 tr 1000 mcg tab er	1	
b-complex (folic acid)	1	
b-complex plus b-12	1	
b-complex/b-12 tab	1	
b-complex/electrolytes	1	
B-PLEX PLUS	1	QL 30 / 30 days
balance b-100	1	
balanced b-50 complex tab	1	
BARIATRIC FUSION	1	QL 60 / 30 days
big 100	1	
BIOCEL	1	QL 30 / 30 days
C-NATE DHA	2	
caffeine citrate 60 mg/3ml solution	1	
CELEBRATE MULTI-COMPLETE 18 CHEW TAB	1	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 36 CHEW TAB	1	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 45 CHEW TAB	1	QL 60 / 30 days
CELEBRATE MULTI-COMPLETE 60 CHEW TAB	1	QL 60 / 30 days
CENTAVITE A-Z COMPLETE-MINERAL	1	QL 30 / 30 days
CENTRAVITES	1	QL 30 / 30 days
CENTRAVITES 50 PLUS	1	QL 30 / 30 days
CENTRUM FLAVOR BURST	1	QL 60 / 30 days
CENTRUM FLAVOR BURST ADULT	1	QL 60 / 30 days
CENTRUM FRESH/FRUITY 50+	1	QL 60 / 30 days
CENTRUM FRESH/FRUITY ADULT	1	QL 60 / 30 days
CENTRUM MULTI + OMEGA 3	1	QL 60 / 30 days
CENTRUM SILVER CHEW TAB	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CENTRUM VITAMINTS	1	QL 60 / 30 days
CENTURY	1	QL 30 / 30 days
CENTURY MATURE	1	QL 30 / 30 days
CEROVITE JR	1	
CEROVITE SENIOR	1	QL 30 / 30 days
certa plus	1	QL 30 / 30 days
CERTAVITE/ANTIOXIDANTS	1	QL 30 / 30 days
CHILDRENS ANIMAL SHAPES	1	
CHILDRENS GUMMIES	1	
CHOICEFUL MULTIVITAMIN CHEW TAB	1	QL 60 / 30 days
CITRANATAL 90 DHA	2	
CITRANATAL B-CALM	2	
CITRANATAL BLOOM	2	
CITRANATAL HARMONY	2	
COMPANION	1	QL 30 / 30 days
COMPETE	1	QL 30 / 30 days
COMPLETENATE	2	
CONCEPT DHA	2	
CONCEPT OB	2	
CVS AIRSHIELD	1	QL 60 / 30 days
CVS AIRSHIELD IMMUNITY SUPPORT	1	QL 60 / 30 days
cvs balanced b50	1	
CVS CHEWABLE CHILDRENS VITAMIN	1	
CVS CHILDRENS COMPLETE	1	
CVS DAILY GUMMIES	1	QL 60 / 30 days
CVS DAILY GUMMIES ADULT	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CVS DAILY MULTIPLE FOR MEN	1	QL 30 / 30 days
CVS DAILY MULTIPLE WOMEN 50+	1	QL 30 / 30 days
CVS EYE HEALTH & LUTEIN	1	QL 30 / 30 days
CVS GUMMY DINOS	1	
CVS GUMMY MULTIVITAMIN KIDS	1	
cvs inner ear plus	1	
CVS MENS DAILY GUMMIES	1	QL 60 / 30 days
CVS ONE DAILY ESSENTIAL	1	QL 30 / 30 days
CVS ONE DAILY MENS FORMULA	1	QL 30 / 30 days
CVS ONE DAILY WOMENS FORMULA	1	QL 30 / 30 days
CVS PRENATAL GUMMY 0.18-25 MG CHEW TAB	2	
CVS SPECTRAVITE ADULT 50+ CHEW TAB	1	QL 60 / 30 days
CVS SPECTRAVITE ADVANCED	1	QL 30 / 30 days
CVS SPECTRAVITE MEN	1	QL 30 / 30 days
CVS SPECTRAVITE MEN 50+	1	QL 30 / 30 days
CVS SPECTRAVITE SENIOR	1	QL 30 / 30 days
CVS SPECTRAVITE ULTRA MENS	1	QL 30 / 30 days
CVS SPECTRAVITE WOMEN CHEW TAB	1	QL 60 / 30 days
CVS SPECTRAVITE WOMEN TAB	1	QL 30 / 30 days
CVS SPECTRAVITE WOMEN 50+	1	QL 30 / 30 days
CVS SPECTRAVITE WOMENS SENIOR	1	QL 30 / 30 days
cvs vitamin b12 1000 mcg tab er	1	
CVS WOMENS ACTIVE DAILY	1	QL 30 / 30 days
CVS WOMENS DAILY GUMMIES	1	QL 60 / 30 days
cyanocobalamin 1000 mcg/ml solution	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DAILY BETIC	1	QL 30 / 30 days
DAILY COMBO MULTI VITAMINS	1	QL 30 / 30 days
daily mens health formula	1	QL 30 / 30 days
daily multiple vitamins	1	QL 30 / 30 days
DAILY MULTIPLE VITAMINS/MIN	1	QL 30 / 30 days
DAILY VALUE MULTIVITAMIN	1	QL 30 / 30 days
daily vitamin	1	QL 30 / 30 days
daily vitamin formula+minerals	1	QL 30 / 30 days
DAILY VITAMINS	1	QL 30 / 30 days
DAILY VITE	1	QL 30 / 30 days
DAILY VITES	1	QL 30 / 30 days
daily womens health formula	1	QL 30 / 30 days
daily-vitamin	1	QL 30 / 30 days
daily-vitamin maximum formula	1	QL 30 / 30 days
DAILY-VITE	1	QL 30 / 30 days
DAILY-VITE MULTIVITAMIN	1	QL 30 / 30 days
DEKAS BARIATRIC	1	QL 60 / 30 days
DEKAS PLUS CHEW TAB	1	QL 60 / 30 days
DERMACINRX PRETRATE	2	
DERMACINRX RIBOTIN-E	2	
DERMACINRX ZINTREXYL-C	2	
DIABETES HEALTH FORMULA	1	QL 30 / 30 days
DIALYVITE	1	
DIALYVITE 800/ULTRA D	1	QL 30 / 30 days
dodex	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ear health formula	1	
ear health plus	1	
elite-ob	2	
EMBRIVA	2	
EMERGEN-C IMMUNE PLUS/VIT D	1	QL 60 / 30 days
EMERGEN-C VITAMIN C CHEW TAB	1	QL 60 / 30 days
ENBRACE HR	2	
EQ COMPLETE MULTIVIT ADULT 50+	1	QL 30 / 30 days
EQ COMPLETE MULTIVITAMIN CHILD	1	
EQ MULTIVITAMIN GUMMIES	1	
EQ MULTIVITAMINS ADULT GUMMY	1	QL 60 / 30 days
EQ MULTIVITAMINS GUMMY CHILD	1	
EQ ONE DAILY WOMENS HEALTH	1	QL 30 / 30 days
EQL CENTURY	1	QL 30 / 30 days
EQL CENTURY MATURE	1	QL 30 / 30 days
EQL CENTURY MATURE MEN 50+	1	QL 30 / 30 days
EQL CENTURY MATURE WOMEN 50+	1	QL 30 / 30 days
EQL CHILD MULTIVIT/MINERALS	1	
EQL GUMMIES CHILDRENS	1	
EQL ONE DAILY ADULT GUMMIES	1	QL 60 / 30 days
EQL ONE DAILY MENS 50+ ADVANCE	1	QL 30 / 30 days
EQL ONE DAILY MENS HEALTH	1	QL 30 / 30 days
EQL ONE DAILY WOMENS 50+ ADV	1	QL 30 / 30 days
EQL VISION FORMULA	1	QL 30 / 30 days
eql vitamin b-12 tr	1	
ESSENTIA	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESSENTIAL BALANCE	1	QL 30 / 30 days
EYE-VITES	1	QL 30 / 30 days
eyeprotect	1	QL 30 / 30 days
fa-vitamin b-6-vitamin b-12	1	
fabb	2	
flavovit ear health	1	
flintstones complete (flintstones complete chew tab, flintstones complete 18 mg chew tab)	1	
flintstones gummies bone build	1	
FLINTSTONES PLUS EXTRA IRON	1	
flintstones w/iron	1	
folbic	1	
folic acid 1 mg tab	1	QL 4 / 1 days
FOLIFLEX	2	
folika-bc	1	
FOLITIN-Z	2	
FOLIVANE-OB	2	
FOLPLEX 2.2	1	
ft vitamin b-12 pr	1	
genicin vita-s	1	
GERIVITE COMPLETE	1	QL 30 / 30 days
GESTYRA	2	
GNP CENTURY MATURE WOMEN'S 50+	1	QL 30 / 30 days
GNP ESSENTIAL ONE DAILY	1	QL 30 / 30 days
GNP HAIR/SKIN/NAILS	1	QL 30 / 30 days
GNP MEGA MULTI FOR WOMEN	1	QL 30 / 30 days
GNP ONE DAILY MENS HEALTH 50+	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GNP ONE DAILY MENS/LYCOPENE	1	QL 30 / 30 days
GNP ONE DAILY WOMENS	1	QL 30 / 30 days
GNP ONE DAILY WOMENS 50+	1	QL 30 / 30 days
GNP THERAPEUTIC-M	1	QL 30 / 30 days
gnp vitamin b-12 1000 mcg tab er	1	
GOOD START PRENATAL NOURISH	2	
GUMMI BEAR MULTIVITAMIN/MIN	1	
hair formula extra strength	1	QL 30 / 30 days
HAIR SKIN AND NAILS FORMULA	1	QL 30 / 30 days
HAIR/SKIN/NAILS TAB	1	QL 30 / 30 days
HEALTHY EYES	1	QL 30 / 30 days
HEALTHY HAIR/SKIN/NAILS	1	QL 30 / 30 days
healthy kids overall health	1	
HI-KOVITE 2-PART FORMULA	1	QL 30 / 30 days
hi-potency multi-vitamin	1	QL 30 / 30 days
hm complete women	1	QL 30 / 30 days
hm womens 50+ advanced daily	1	QL 30 / 30 days
I-VITE	1	QL 30 / 30 days
ICAPS MV	1	QL 30 / 30 days
IMMUNE SUPPORT	1	QL 60 / 30 days
kobee	1	
KP ADULTS 50+ DAILY FORMULA	1	QL 30 / 30 days
KP ADULTS DAILY FORMULA	1	QL 30 / 30 days
kp folic acid 1 mg tab	1	QL 4 / 1 days
KP MENS 50+ DAILY FORMULA	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KP MENS DAILY FORMULA	1	QL 30 / 30 days
KP VISION FORMULA	1	QL 30 / 30 days
KP VISION FORMULA/LUTEIN	1	QL 30 / 30 days
KP WOMENS 50+ DAILY FORMULA	1	QL 30 / 30 days
KP WOMENS DAILY FORMULA	1	QL 30 / 30 days
levocarnitine 1 gm/10ml solution	1	
levocarnitine sf	1	
lipo flavonoid advanced balanc	1	
lipo flavonoid plus	1	
lipoflavovit	1	
lipotriad	1	
LYSIPLEX PLUS TAB	1	QL 30 / 30 days
M-NATAL PLUS	1	QL 30 / 30 days
MACUVITE	1	QL 30 / 30 days
MACUVITE EYE CARE	1	QL 30 / 30 days
macuvite/lutein	1	QL 30 / 30 days
MATERNACEL	2	
MATERVIA	2	
MATRONEX	2	QL 30 / 30 days
MAXIMUM DAILY GREEN	1	QL 30 / 30 days
mega multiple/chelated mineral	1	
MEIJER ADVANCED FORMULA	1	QL 30 / 30 days
MENS LIFE PACK	1	QL 30 / 30 days
MENS MULTIVITAMIN CHEW TAB	1	QL 60 / 30 days
MI-VITE RX	1	
milltrium advanced formula	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
milltrium cardio	1	QL 30 / 30 days
milltrium senior	1	QL 30 / 30 days
MULTI + OMEGA-3 ADULT GUMMIES	1	QL 60 / 30 days
MULTI ADULT GUMMIES	1	QL 60 / 30 days
MULTI COMPLETE/IRON	1	QL 30 / 30 days
MULTI FOR HER TAB	1	QL 30 / 30 days
MULTI FOR HER 50+ TAB	1	QL 30 / 30 days
MULTI FOR HIM TAB	1	QL 30 / 30 days
MULTI FOR HIM 50+	1	QL 30 / 30 days
MULTI VITAMIN	1	QL 30 / 30 days
multi vitamin daily	1	QL 30 / 30 days
MULTI VITAMIN/MINERALS	1	QL 30 / 30 days
multi-lean	1	QL 30 / 30 days
MULTI-VITAMIN	1	QL 30 / 30 days
multi-vitamin daily	1	QL 30 / 30 days
MULTI-VITAMIN GUMMIES	1	QL 60 / 30 days
multi-vitamin menopausal	1	QL 30 / 30 days
MULTI-VITAMIN/MINERALS	1	QL 30 / 30 days
MULTIPLE VIT/MINERALS/NO IRON	1	QL 30 / 30 days
MULTIPLE VITAMIN-FOLIC ACID	1	QL 30 / 30 days
MULTIPLE VITAMINS	1	QL 30 / 30 days
MULTIPLE VITAMINS ESSENTIAL	1	QL 30 / 30 days
MULTIPLE VITAMINS/WOMENS	1	QL 30 / 30 days
MULTIVIT-MIN GUMMIES CHILDRENS	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MULTIVITAMIN ADULT	1	QL 30 / 30 days
MULTIVITAMIN ADULTS	1	QL 30 / 30 days
MULTIVITAMIN ADULTS 50+	1	QL 30 / 30 days
MULTIVITAMIN GUMMIES ADULT	1	QL 60 / 30 days
MULTIVITAMIN GUMMIES MENS	1	QL 60 / 30 days
MULTIVITAMIN IRON-FREE	1	QL 30 / 30 days
MULTIVITAMIN MEN 50+	1	QL 30 / 30 days
MULTIVITAMIN WOMEN	1	QL 30 / 30 days
MULTIVITAMIN WOMEN 50+	1	QL 30 / 30 days
MULTIVITAMIN WOMENS 50+ ADV	1	QL 30 / 30 days
MVW COMPLETE FORMULATION CHEW TAB	1	
MVW COMPLETE FORMULATION SOLUTION	1	QL 60 / 30 days
MVW COMPLETE FORMULATION D3000 CHEW TAB	1	
MVW COMPLETE FORMULATION D5000 CHEW TAB	1	
MYAMULTI	1	QL 30 / 30 days
MYNEPHRON	1	QL 30 / 30 days
nat-rul b-50	1	
NEO-VITAL RX	2	
NEOMATERNA	2	
NEONATAL COMPLETE 29-1 MG TAB	2	
NEONATAL FE	2	
NEONATAL PLUS	2	QL 30 / 30 days
nephronex tab	1	
NESTABS	2	
NESTABS ONE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
niva-fol	1	
NIVA-PLUS	1	QL 30 / 30 days
NUTRIFAC ZX	1	QL 30 / 30 days
OB COMPLETE	2	
OB COMPLETE ONE	2	
OB COMPLETE PETITE	2	
OB COMPLETE PREMIER	2	
OB COMPLETE/DHA	2	
OCUTABS	1	QL 30 / 30 days
OCUTABS-LUTEIN	1	QL 30 / 30 days
OCUVITE EXTRA	1	QL 30 / 30 days
OCUVITE EYE + MULTI	1	QL 30 / 30 days
OCUVITE EYE HEALTH GUMMIES	1	QL 60 / 30 days
OCUVITE-LUTEIN TAB	1	QL 30 / 30 days
ONCE DAILY	1	QL 30 / 30 days
ONE A DAY IMMUNITY DEFENSE	1	QL 60 / 30 days
ONE A DAY MENS VITACRAVES	1	QL 60 / 30 days
ONE A DAY PRENATAL 0.4-25 MG CHEW TAB	2	
ONE A DAY WOMEN 50 PLUS CHEW TAB	1	QL 60 / 30 days
ONE DAILY	1	QL 30 / 30 days
ONE DAILY 50 PLUS	1	QL 30 / 30 days
ONE DAILY CALCIUM/IRON	1	QL 30 / 30 days
ONE DAILY COMPLETE	1	QL 30 / 30 days
ONE DAILY COMPLETE FOR MEN	1	QL 30 / 30 days
ONE DAILY ESSENTIAL	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONE DAILY FOR MEN 50+ ADVANCED	1	QL 30 / 30 days
ONE DAILY FOR MEN/LYCOPENE	1	QL 30 / 30 days
ONE DAILY FOR WOMEN	1	QL 30 / 30 days
ONE DAILY FOR WOMEN 50+ ADV	1	QL 30 / 30 days
ONE DAILY HEALTHY WEIGHT	1	QL 30 / 30 days
ONE DAILY HEALTHY WEIGHT ADV	1	QL 30 / 30 days
ONE DAILY MAXIMUM	1	QL 30 / 30 days
ONE DAILY MENS	1	QL 30 / 30 days
ONE DAILY MENS 50+ MULTIVIT	1	QL 30 / 30 days
ONE DAILY MENS 50+/LYCOPENE	1	QL 30 / 30 days
ONE DAILY MENS HEALTH	1	QL 30 / 30 days
ONE DAILY MULTIVIT/IRON-FREE	1	QL 30 / 30 days
ONE DAILY MULTIVITAMIN ADULT	1	QL 30 / 30 days
ONE DAILY MULTIVITAMIN MEN	1	QL 30 / 30 days
ONE DAILY MULTIVITAMIN WOMEN	1	QL 30 / 30 days
ONE DAILY WOMENS	1	QL 30 / 30 days
ONE DAILY WOMENS 50 PLUS	1	QL 30 / 30 days
ONE DAILY WOMENS 50+	1	QL 30 / 30 days
ONE DAILY/MINERALS	1	QL 30 / 30 days
ONE-A-DAY FOR HER VITACRAVES	1	QL 60 / 30 days
ONE-A-DAY FOR HIM VITACRAVES	1	QL 60 / 30 days
ONE-A-DAY MENS VITACRAVES	1	QL 60 / 30 days
one-a-day teen advantage/her	1	QL 30 / 30 days
ONE-A-DAY VITACRAVES	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONE-A-DAY VITACRAVES ADULT	1	QL 60 / 30 days
ONE-A-DAY VITACRAVES IMMUNITY	1	QL 60 / 30 days
ONE-A-DAY VITACRAVES SOUR	1	QL 60 / 30 days
ONE-DAILY MULTI VITAMINS	1	QL 30 / 30 days
ONE-DAILY MULTI-VIT/MINERAL	1	QL 30 / 30 days
ONE-DAILY MULTI-VITAMIN	1	QL 30 / 30 days
ONENATAL RX	2	
OPTIC-VITES	1	QL 30 / 30 days
OPTIC-VITES WITH LUTEIN	1	QL 30 / 30 days
OPTIFAST POST BARIATRIC	1	QL 60 / 30 days
OPTIMUM AIRVITES	1	QL 60 / 30 days
OPTIMUM PMS	1	QL 30 / 30 days
OPTISOURCE POST BARIATRIC SURG	1	QL 60 / 30 days
OPURITY BYPASS OPTIMIZED	1	QL 60 / 30 days
OSTEOPRIME ULTRA	1	QL 30 / 30 days
pnv-dha	2	
PNV-DHA+DOCUSATE	2	
PNV-OMEGA	2	
pnv-select	2	
POLY-VI-SOL	1	
PRENAISSANCE	2	
PRENAISSANCE PLUS	2	
PRENATAL 27-1 MG TAB	1	QL 30 / 30 days
PRENATAL PLUS VITAMIN/MINERAL	1	QL 30 / 30 days
PRENATAL VITAMIN PLUS LOW IRON	1	QL 30 / 30 days
PRENATE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENATE AM	2	
PRENATE DHA	2	
PRENATE ELITE	2	
PRENATE ENHANCE	2	
PRENATE ESSENTIAL	2	
PRENATE MINI	2	
PRENATE PIXIE	2	
PRENATE RESTORE	2	
PRENATRIX	2	QL 30 / 30 days
PRENATRYL	2	QL 30 / 30 days
PREPLUS	1	QL 30 / 30 days
PRESERVISION AREDS 2 CHEW TAB	1	QL 60 / 30 days
PRIMACARE	2	
PROSIGHT	1	QL 30 / 30 days
PROVIDA OB	2	
px advanced formula multivits	1	QL 30 / 30 days
px b-50	1	
px childrens vitamin	1	
px complete senior multivits	1	QL 30 / 30 days
px mens multivitamins	1	QL 30 / 30 days
QC CHILDRENS COMPLETE	1	
QC DAILY MULTIVIT/MULTIMINERAL	1	QL 30 / 30 days
QC ESSENTIALS	1	QL 30 / 30 days
QC HAIR SKIN & NAILS	1	QL 30 / 30 days
QC MENS DAILY MULTIVITAMIN	1	QL 30 / 30 days
QC MULTI-VITE	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QC MULTI-VITE 50 & OVER	1	QL 30 / 30 days
QC THERIN-M	1	QL 30 / 30 days
qc vitamin b12 1000 mcg tab er	1	
QC WOMENS DAILY MULTIVITAMIN	1	QL 30 / 30 days
QUINTABS-M	1	QL 30 / 30 days
ra b-complex	1	
ra b-complex with b-12	1	
ra central-vite mens mature	1	QL 30 / 30 days
ra central-vite womens mature	1	QL 30 / 30 days
ra one daily maximum	1	QL 30 / 30 days
ra one daily mens 50+ w/vit d3	1	QL 30 / 30 days
ra one daily mens multi	1	QL 30 / 30 days
ra one daily mens/vit d-3	1	QL 30 / 30 days
ra vitamin b-12 tr	1	
ra vitamins complete childrens	1	
rena-vite rx	1	
RENAL	1	QL 30 / 30 days
RENAPLEX	1	QL 30 / 30 days
RENO CAPS	1	QL 30 / 30 days
risanoid plus	1	
SE-NATAL 19 (SE-NATAL 19 29-1 MG CHEW TAB, SE-NATAL 19 29-1 MG TAB)	1	
SELECT-OB (SELECT-OB 29-0.6-0.4 MG CHEW TAB, SELECT-OB 29-1 MG CHEW TAB)	2	
SENIOR TABS	1	QL 30 / 30 days
SENTRY	1	QL 30 / 30 days
SENTRY SENIOR	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm animal shapes complete	1	
sm antioxidant vitamins	1	QL 30 / 30 days
sm balanced b-100	1	
sm balanced b-50	1	
sm complete	1	QL 30 / 30 days
sm complete 50+	1	QL 30 / 30 days
sm complete 50+ ultimate mens	1	QL 30 / 30 days
sm complete 50+ ultimate women	1	QL 30 / 30 days
sm complete advanced formula	1	QL 30 / 30 days
sm complete senior formula	1	QL 30 / 30 days
sm daily diet support	1	QL 30 / 30 days
sm hair/skin/nails	1	QL 30 / 30 days
sm multiple vitamins essential	1	QL 30 / 30 days
sm opti-vitamins	1	QL 30 / 30 days
sm vitamin b12 tr 1000 mcg tab er	1	
SMARTY PANTS KIDS COMPLETE	1	
SPONGEBOB SQUAREPANTS GUMMIES	1	
STRESS B COMPLEX/ANTIOXID/ZINC	1	QL 30 / 30 days
stress formula	1	QL 30 / 30 days
stress formula/zinc	1	QL 30 / 30 days
STRESSTABS ADVANCED	1	QL 30 / 30 days
STRESSTABS ENERGY	1	QL 30 / 30 days
SUPER AYTINAL	1	QL 30 / 30 days
SUPER AYTINAL 50 PLUS	1	QL 30 / 30 days
super multiple	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
super nu-thera tab	1	QL 30 / 30 days
SUPER THERA VITE M	1	QL 30 / 30 days
SUPER VITA-MINS	1	QL 30 / 30 days
sv vitamin b-12 er	1	
SYSTANE ICAPS AREDS2 CHEW TAB	1	QL 60 / 30 days
TAB-A-VITE	1	QL 30 / 30 days
TAB-A-VITE/BETA CAROTENE	1	QL 30 / 30 days
TARON-C DHA	2	
THERA VITAL M	1	QL 30 / 30 days
THERA VITAL-M	1	QL 30 / 30 days
thera-m	1	QL 30 / 30 days
thera-mill	1	QL 30 / 30 days
thera-mill m	1	QL 30 / 30 days
THERA-TABS	1	QL 30 / 30 days
THERABASIC-M	1	QL 30 / 30 days
theradex m	1	QL 30 / 30 days
theradex m/beta carotene	1	QL 30 / 30 days
THERAPEUTIC FORMULA/HEMATINICS	1	QL 30 / 30 days
THERAPEUTIC-M	1	QL 30 / 30 days
THERATRUM COMPLETE	1	QL 30 / 30 days
THERATRUM COMPLETE 50 PLUS	1	QL 30 / 30 days
THRIVE FOR LIFE WOMENS	1	QL 30 / 30 days
THRIVITE 19	2	
THRIVITE RX	1	QL 30 / 30 days
tinnitus relief	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TM-VITE RX	1	
TRI-VI-SOL A/C/D	1	
TRICARE	2	QL 30 / 30 days
TRINATAL RX 1	1	QL 30 / 30 days
TRIPHROCAPS	1	QL 30 / 30 days
TRISTART DHA	2	
TRONVITE	1	
TRUE DAILY VITE	1	QL 30 / 30 days
true folic acid 1 mg tab	1	QL 4 / 1 days
ultra b-100 complex	1	
ULTRA CHOICE MULTIVITAMIN KIDS	1	
ULTRA FREEDA	1	QL 30 / 30 days
ULTRA FREEDA/IRON	1	QL 30 / 30 days
ULTRACHOICE ADV FORMULA MATURE	1	QL 30 / 30 days
ULTRACHOICE ADVANCED FORMULA	1	QL 30 / 30 days
VENEXA FE	2	
VENTRIXYL FE	2	
VIRT-C DHA	1	
virt-caps	1	QL 30 / 30 days
virt-gard	1	
VIRT-NATE DHA	2	
VIRT-PN DHA	2	
VISION FORMULA/LUTEIN	1	QL 30 / 30 days
VISION VITAMINS	1	QL 30 / 30 days
visivites	1	QL 30 / 30 days
visivites/lutein	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIT E-VIT C-BETA CAROTENE	1	QL 30 / 30 days
VITA HAIR	1	QL 30 / 30 days
VITA S FORTE	1	QL 30 / 30 days
VITABASIC COMPLETE	1	QL 30 / 30 days
VITABASIC SENIOR	1	QL 30 / 30 days
VITACEL	1	QL 30 / 30 days
VITACHEW ADULT MULTI VITAMIN	1	QL 60 / 30 days
VITACHEW MULTIPLE VITAMIN	1	
VITAFOL GUMMIES	2	
VITAFOL ULTRA	2	
VITAFOL-OB	2	
VITAFOL-ONE	2	
VITAFUSION PRENATAL	2	
VITALARA	2	
VITALEE	1	QL 30 / 30 days
VITAMIN A-C-D INFANT	1	
VITAMIN A/C/D/ INFANT/TODDLER	1	
vitamin b complex	1	
vitamin b complex w/b-12	1	
vitamin b-12 er 1000 mcg tab er	1	
vitamin b-complex	1	
vitamin b1 100 mg tab	1	
vitamin b12 1000 mcg tab er	1	
vitamin-b complex	1	
VITAMINS A-D-E/SELENIUM	1	QL 30 / 30 days
VITASURE	1	
vitatrum chew tab	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
vitatrum complete	1	QL 30 / 30 days
VITRANOL FE	2	
VITREXATE FE	2	
VITREXYL + IRON	2	
vitrum senior	1	QL 30 / 30 days
vp-vite rx	1	
WAL-BORN VITAMIN C	1	QL 60 / 30 days
WESCAP-C DHA	2	
WESCAP-PN DHA	2	
WESCAPS	1	QL 30 / 30 days
WESNATE DHA	2	
westab max	1	
westab mini	2	
WESTAB PLUS	1	QL 30 / 30 days
WESTGEL DHA	2	
womens daily form/fa/ca/fe	1	QL 30 / 30 days
WOMENS DAILY FORMULA	1	QL 30 / 30 days
WOMENS LIFE PACK	1	QL 30 / 30 days
WOMENS MULTI GUMMIES	1	QL 60 / 30 days
WOMENS MULTIVITAMIN	1	QL 30 / 30 days
xvite	1	
YOUR LIFE MULTI ADULT GUMMIES	1	QL 60 / 30 days
YUMVS MULTI ZERO	1	QL 60 / 30 days
YUMVS ZERO DIABETIC MULTIVITAM	1	QL 60 / 30 days
ZOO FRIENDS MULTI GUMMIES	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GASTROINTESTINAL AGENTS		
ANTI-CONSTIPATION AGENTS		
AMITIZA	2	QL 60 / 30 days PA
avedana glycerin (adult)	1	QL 12 / 22 days
clearlax	1	
colace	1	QL 4 / 1 days
colace 2-in-1	1	QL 4 / 1 days
constulose	1	QL 120 / 1 days
cvs glycerin adult 2 gm suppos	1	QL 12 / 22 days
cvs mineral oil	1	QL 45 / 1 days
cvs natural daily fiber (cvs natural daily fiber 51.7 % powder, cvs natural daily fiber 58.6 % powder)	1	
cvs purelax 17 gm packet	1	QL 60 / 30 days
cvs senna plus	1	QL 4 / 1 days
cvs stool softener 100 mg cap	1	QL 4 / 1 days
cvs stool softener/laxative	1	QL 4 / 1 days
docusate sodium 100 mg cap	1	QL 4 / 1 days
docuzen	1	QL 4 / 1 days
dss 100 mg cap	1	QL 4 / 1 days
dulcolax 5 mg tab dr	1	
dulcolax pink laxative	1	
dulcolax pink stool softener	1	QL 4 / 1 days
dulcolax stool softener	1	QL 4 / 1 days
easy-lax	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
easy-lax plus	1	QL 4 / 1 days
enemeez mini	1	
enulose	1	QL 120 / 1 days
eq laxative	1	QL 60 / 30 days
eq mineral oil	1	QL 45 / 1 days
eq senna-s	1	QL 4 / 1 days
eq stool softener 100 mg cap	1	QL 4 / 1 days
eq stool softener/laxative	1	QL 4 / 1 days
eql fiber therapy 28.3 % powder	1	
eql natural fiber	1	
eql senna-s	1	QL 4 / 1 days
eql stool softener	1	QL 4 / 1 days
fiber 28.3 % powder	1	
fiber laxative	1	
fleet laxative mineral oil	1	QL 45 / 1 days
fleet oil	1	
fleet stimulant	1	
fleet stool softener	1	QL 4 / 1 days
freskaro magnesium citrate	1	
ft enema mineral oil	1	
ft mineral oil	1	QL 45 / 1 days
ft senna-s	1	QL 4 / 1 days
ft stool softener (ft stool softener 50-8.6 mg tab, ft stool softener 100 mg cap)	1	QL 4 / 1 days
gavilax	1	
generlac	1	QL 120 / 1 days
glycerin (adult) 2 gm suppos	1	QL 12 / 22 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
glycerin adult	1	QL 12 / 22 days
glycolax	1	
gnp clearlax 17 gm packet	1	QL 60 / 30 days
gnp clearlax 17 gm/scoop powder	1	
gnp gentle laxative 5 mg tab dr	1	
gnp mineral oil	1	QL 45 / 1 days
gnp natural fiber 28.3 % powder	1	
gnp senna plus	1	QL 4 / 1 days
gnp stool softener 100 mg cap	1	QL 4 / 1 days
gnp stool softener/laxative	1	QL 4 / 1 days
goodsense clearlax	1	
goodsense fiber laxative	1	
goodsense mineral oil	1	QL 45 / 1 days
goodsense stimulant lax plus	1	QL 4 / 1 days
goodsense stimulant laxative	1	QL 4 / 1 days
goodsense stool softener	1	QL 4 / 1 days
healthylax	1	QL 60 / 30 days
hm clearlax 17 gm packet	1	QL 60 / 30 days
hm clearlax 17 gm/scoop powder	1	
hm mineral oil	1	QL 45 / 1 days
hm senna-s	1	QL 4 / 1 days
hm stool softener 100 mg cap	1	QL 4 / 1 days
hm stool softener/laxative	1	QL 4 / 1 days
hydrocil 95 % powder	1	
IBSRELA	2	
kls stool softener	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
konsyl daily fiber (konsyl daily fiber 28.3 % powder, konsyl daily fiber 60.3 % packet)	1	
lactulose (lactulose 10 gm/15ml solution, lactulose 20 gm/30ml solution)	1	QL 120 / 1 days
lactulose encephalopathy	1	QL 120 / 1 days
laxacin	1	QL 4 / 1 days
LINZESS	1	QL 30 / 30 days PA
lubiprostone	1	QL 60 / 30 days PA
magnesium citrate 1.745 gm/30ml solution	1	
medi-natural plus	1	QL 4 / 1 days
metamucil smooth texture	1	
mineral oil	1	QL 45 / 1 days
mineral oil lubricant laxative	1	QL 45 / 1 days
miralax mix-in pax	1	QL 60 / 30 days
mm stool softener	1	QL 4 / 1 days
mm stool softener laxative	1	QL 4 / 1 days
MOTEGRITY	2	QL 30 / 30 days
MOVANTIK	1	QL 30 / 30 days PA
natural fiber	1	
natural fiber laxative (natural fiber laxative 28.3 % powder, natural fiber laxative 58.6 % powder)	1	
onelax magnesium citrate	1	
peg 3350 17 gm packet	1	QL 60 / 30 days
peg 3350 17 gm/scoop powder	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
phillips stool softener	1	QL 4 / 1 days
polyethylene glycol 3350 17 gm packet	1	QL 60 / 30 days
polyethylene glycol 3350 17 gm/scoop powder	1	
proctozone-gmax adult	1	QL 12 / 22 days
prucalopride succinate	2	
px docusate sodium	1	QL 4 / 1 days
qc gentle laxative 5 mg tab dr	1	
qc laxative	1	
qc magnesium citrate	1	
qc mineral oil heavy	1	QL 45 / 1 days
qc natura-lax	1	
qc natural vegetable	1	
qc senna-s	1	QL 4 / 1 days
qc stool softener 100 mg cap	1	QL 4 / 1 days
qc stool softener pls laxative	1	QL 4 / 1 days
ra 2-in-1 lax/stool softener	1	QL 4 / 1 days
ra col-rite 100 mg cap	1	QL 4 / 1 days
ra mineral oil	1	QL 45 / 1 days
ra multihealth fiber 58.6 % powder	1	
ra p col-rite	1	QL 4 / 1 days
ra stool softener	1	QL 4 / 1 days
reguloid 28.3 % powder	1	
RELISTOR (RELISTOR 8 MG/0.4ML SOLN PRSYR, RELISTOR 12 MG/0.6ML SOLN PRSYR, RELISTOR 12 MG/0.6ML SOLUTION)	2	
RELISTOR 150 MG TAB	2	QL 90 / 30 days
sb docusate sodium	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sb docusate sodium/senna	1	QL 4 / 1 days
sb polyethylene glycol 3350	1	
senexon-s	1	QL 4 / 1 days
senna plus 8.6-50 mg tab	1	QL 4 / 1 days
senna s	1	QL 4 / 1 days
senna-docusate sodium	1	QL 4 / 1 days
senna-plus	1	QL 4 / 1 days
senna-s 8.6-50 mg tab	1	QL 4 / 1 days
senna-time s	1	QL 4 / 1 days
sennosides-docusate sodium	1	QL 4 / 1 days
senokot s	1	QL 4 / 1 days
sm clearlax	1	
sm fiber (sm fiber 28.3 % powder, sm fiber 58.6 % powder)	1	
sm mineral oil oil	1	QL 45 / 1 days
sm senna-s	1	QL 4 / 1 days
sm stool softener 100 mg cap	1	QL 4 / 1 days
sm stool softener/laxative	1	QL 4 / 1 days
smooth lax 17 gm packet	1	QL 60 / 30 days
stimulant laxative	1	QL 4 / 1 days
stool softener 100 mg cap	1	QL 4 / 1 days
stool softener laxative (stool softener laxative 8.6-50 mg tab, stool softener laxative 100 mg cap)	1	QL 4 / 1 days
stool softener plus laxative	1	QL 4 / 1 days
stool softener/laxative 50-8.6 mg tab	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYMPROIC	2	QL 30 / 30 days
true laxative	1	
TRULANCE	2	QL 30 / 30 days
vegetable lax+stool softener	1	QL 4 / 1 days
wal-mucil (wal-mucil 28.3 % powder, wal-mucil 58.6 % powder)	1	
ZELNORM	2	
ANTI-DIARRHEAL AGENTS		
AEMCOLO	2	
alosetron hcl	2	
diphenoxylate-atropine 2.5-0.025 mg tab	1	QL 8 / 1 days
diphenoxylate-atropine 2.5-0.025 mg/5ml liquid	1	QL 40 / 1 days
LOTRONEX	2	
VIBERZI	2	QL 60 / 30 days
ANTISPASMODICS, GASTROINTESTINAL		
dicyclomine hcl (dicyclomine hcl 10 mg cap, dicyclomine hcl 20 mg tab)	1	QL 240 / 30 days
glycopyrrolate 1 mg tab	1	QL 180 / 30 days
glycopyrrolate 1 mg/5ml solution	1	
glycopyrrolate 2 mg tab	1	QL 4 / 1 days
GASTROINTESTINAL AGENTS, OTHER		
amoxicill-clarithro-lansopraz	2	
bis subcit-metronid-tetracyc	2	
bismuth/metronidaz/tetracyclin	2	
CHENODAL	2	
CTEXLI	2	
cvs stomach relief 262 mg tab	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
eq stomach relief 262 mg tab	1	
ft stomach relief 262 mg tab	1	
gas-x extra strength 125 mg chew tab	1	
gavilyte-c	1	QL 4000 / 30 days
gavilyte-g	1	QL 4000 / 30 days
gavilyte-n with flavor pack	1	QL 4000 / 30 days
gelusil	1	
gnp gas relief extra strength 125 mg chew tab	1	
HELIDAC THERAPY	2	
kaopectate 262 mg tab	1	
mintox plus	1	
mylicon infants gas relief	1	
OCALIVA	2	
OMECLAMOX-PAK	2	
OMVOH	2	
OMVOH (300 MG DOSE)	2	
peg 3350-kcl-na bicarb-nacl	1	QL 4000 / 30 days
peg-3350/electrolytes	1	QL 4000 / 30 days
peg-3350/electrolytes/ascorbat	1	
peg-kcl-nacl-nasulf-na asc-c	1	
pepto-bismol 262 mg tab	1	
PYLERA	2	
qc stomach relief 262 mg tab	1	
RELTONE	2	
simethicone 20 mg/0.3ml suspension	1	
sodium bicarbonate (sodium bicarbonate 325 mg tab, sodium bicarbonate 650 mg tab)	1	
soothe 262 mg tab	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TALICIA	2	
URSO 250	2	
URSO FORTE	2	
ursodiol (ursodiol 200 mg cap, ursodiol 250 mg tab, ursodiol 400 mg cap, ursodiol 500 mg tab)	1	
ursodiol 300 mg cap	1	QL 90 / 30 days
VOQUEZNA	2	
VOQUEZNA DUAL PAK	2	
VOQUEZNA TRIPLE PAK	2	
ZINPLAVA	2	
HISTAMINE2 (H2) RECEPTOR ANTAGONISTS		
acid reducer 10 mg tab	1	
acid reducer complete	1	
acid reducer maximum strength	1	QL 120 / 30 days
cimetidine 200 mg tab	1	QL 120 / 30 days
cimetidine 300 mg tab	1	QL 240 / 30 days
cimetidine 400 mg tab	1	QL 180 / 30 days
cimetidine 800 mg tab	1	QL 90 / 30 days
cimetidine hcl	2	
cvs acid controller	1	
cvs dual action complete	1	
cvs heartburn relief 200 mg tab	1	QL 120 / 30 days
eq acid reducer complete	1	
eq famotidine max st	1	QL 120 / 30 days
eql dual action complete	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FAMOTIDINE (FAMOTIDINE 10 MG TAB, FAMOTIDINE 20 MG/5ML SOLUTION, FAMOTIDINE 40 MG/10ML SOLUTION, FAMOTIDINE 40 MG/4ML SOLUTION, FAMOTIDINE 40 MG/5ML RECON SUSP, FAMOTIDINE 200 MG/20ML SOLUTION, FAMOTIDINE 200 MG/50ML SOLUTION)	1	
famotidine (pf)	1	
famotidine 20 mg tab	1	QL 120 / 30 days
famotidine 40 mg tab	1	QL 60 / 30 days
famotidine maximum strength	1	QL 120 / 30 days
famotidine orig st	1	
famotidine premixed	1	
ft acid reducer + antacid	1	
ft acid reducer 10 mg tab	1	
ft acid reducer max strength	1	QL 120 / 30 days
gnp acid reducer	1	
gnp acid reducer max st	1	QL 120 / 30 days
heartburn relief	1	
heartburn relief max st	1	QL 120 / 30 days
hm dual action complete	1	
hm famotidine 10 mg tab	1	
hm famotidine 20 mg tab	1	QL 120 / 30 days
mm acid-pep maximum strength	1	QL 120 / 30 days
nizatidine (nizatidine 150 mg cap, nizatidine 300 mg cap)	2	
NIZATIDINE 15 MG/ML SOLUTION	1	
PEPCID 20 MG TAB	2	
PEPCID 40 MG TAB	2	QL 60 / 30 days
pepcid ac	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
px dual action	1	
qc acid controller	1	
qc acid controller max st	1	QL 120 / 30 days
qc famotidine acid reducer 20 mg tab	1	QL 120 / 30 days
ra dual action complete	1	
RANITIDINE HCL	2	
sm acid reducer 10 mg tab	1	
sm acid reducer 200 mg tab	1	QL 120 / 30 days
sm acid reducer max st	1	QL 120 / 30 days
tagamet hb	2	QL 120 / 30 days
zantac 360 10 mg tab	2	
zantac 360 20 mg tab	2	QL 120 / 30 days
zantac 360 max st	2	QL 120 / 30 days
PROTECTANTS		
misoprostol 100 mcg tab	1	QL 240 / 30 days
misoprostol 200 mcg tab	1	QL 4 / 1 days
sucralfate 1 gm tab	1	QL 4 / 1 days
sucralfate 1 gm/10ml suspension	1	QL 40 / 1 days
PROTON PUMP INHIBITORS		
acid reducer 20.6 (20 base) mg cap dr	2	QL 60 / 30 days
ACIPHEX	2	QL 60 / 30 days
cvs esomeprazole magnesium	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
cvs lansoprazole 15 mg tab dr disp	1	QL 30 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cvs omeprazole 20 mg tab dr disp	2	
cvs omeprazole magnesium	2	QL 60 / 30 days
DEXILANT	2	
dexlansoprazole	2	
eq omeprazole 20 mg tab dr	2	QL 60 / 30 days
eq omeprazole 20 mg tab dr disp	2	
eql lansoprazole	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
esomeprazole magnesium (esomeprazole magnesium 2.5 mg packet, esomeprazole magnesium 5 mg packet, esomeprazole magnesium 10 mg packet, esomeprazole magnesium 40 mg packet)	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
esomeprazole magnesium 20 mg cap dr	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
esomeprazole magnesium 20 mg packet	1	
esomeprazole magnesium 20 mg tab dr	2	
esomeprazole magnesium 40 mg cap dr	1	AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
ESOMEPRAZOLE STRONTIUM	2	
ft acid reducer 15 mg cap dr	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft acid reducer 20 mg cap dr	1	C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
ft omeprazole	2	QL: 60 / 30 days
gnp esomeprazole magnesium	1	C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
gnp lansoprazole	1	QL: 60 / 30 days AL1: At least 6 yrs old C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
gnp omeprazole (gnp omeprazole 20 mg tab dr, gnp omeprazole 20.6 (20 base) mg cap dr)	2	QL: 60 / 30 days
gnp omeprazole 20 mg tab dr disp	2	
goodsense esomeprazole	1	C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
goodsense lansoprazole 15 mg cap dr	1	QL: 60 / 30 days AL1: At least 6 yrs old C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
goodsense lansoprazole 15 mg tab dr disp	1	QL: 30 / 30 days AL1: At least 6 yrs old C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
goodsense omep/sod bicarb	2	
hm esomeprazole magnesium dr	1	C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hm lansoprazole	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
hm omeprazole	2	QL 60 / 30 days
kls lansoprazole	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
KONVOMEP	2	
lansoprazole (lansoprazole 15 mg tab dr disp, lansoprazole 30 mg tab dr disp)	1	QL 30 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
lansoprazole 15 mg cap dr	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
lansoprazole 30 mg cap dr	1	QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
NEXIUM (NEXIUM 2.5 MG PACKET, NEXIUM 5 MG PACKET, NEXIUM 10 MG PACKET, NEXIUM 40 MG PACKET)	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
NEXIUM (NEXIUM 20 MG CAP DR, NEXIUM 40 MG CAP DR)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEXIUM 20 MG PACKET	1	C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
omeprazole 10 mg cap dr	1	QL: 60 / 30 day(s) C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
omeprazole 20 mg cap dr	1	QL: 60 / 30 days C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
omeprazole 20 mg tab dr	2	QL: 60 / 30 days
omeprazole 20 mg tab dr disp	2	
omeprazole 40 mg cap dr	1	QL: 60 / 30 days AL1: At least 6 yrs old C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
omeprazole magnesium 20 mg tab dr	2	
omeprazole magnesium 20.6 (20 base) mg cap dr	2	QL: 60 / 30 days
omeprazole-sodium bicarbonate	2	
pantoprazole sodium 20 mg tab dr	1	QL: 60 / 30 days C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
pantoprazole sodium 40 mg packet	1	
pantoprazole sodium 40 mg tab dr	1	QL: 60 / 30 days AL1: At least 6 yrs old C: PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREVACID	2	QL 60 / 30 days
PREVACID 24HR	2	QL 60 / 30 days
prevacid 24hr	2	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
PREVACID SOLUTAB	2	QL 30 / 30 days
PRILOSEC	2	QL 60 / 30 days
PROTONIX (PROTONIX 20 MG TAB DR, PROTONIX 40 MG TAB DR)	2	QL 60 / 30 days
PROTONIX 40 MG PACKET	2	
qc esomeprazole magnesium	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
qc lansoprazole	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
qc omeprazole magnesium	2	QL 60 / 30 days
rabeprazole sodium 20 mg tab dr	1	QL 60 / 30 days C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
sm esomeprazole magnesium	1	C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days
sm lansoprazole	1	QL 60 / 30 days AL1 At least 6 yrs old C PA required for members under 6 years of age with a history of 120 days supply in the previous 180 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm omeprazole	2	QL 60 / 30 days
ZEGERID	2	
zegerid otc	2	
GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT		
ADAKVEO	2	
AGAMREE	2	
BUPHENYL (BUPHENYL 3 GM/TSP POWDER, BUPHENYL 500 MG TAB)	1	
CERDELGA	1	PA
CEREZYME	1	PA
CHOLBAM	1	PA
CREON	1	
dairy relief 3000 unit tab	1	
ELELYSO	1	PA
ENDARI	2	QL 180 / 30 days
glycerol phenylbutyrate	2	
l-glutamine 5 gm packet	2	
lactaid	1	
lactase enzyme 3000 unit tab	1	
miglustat	1	PA
OLPRUVA (2 GM DOSE)	2	
OLPRUVA (3 GM DOSE)	2	
OLPRUVA (4 GM DOSE)	2	
OLPRUVA (5 GM DOSE)	2	
OLPRUVA (6 GM DOSE)	2	
OLPRUVA (6.67 GM DOSE)	2	
OXBRYTA (OXBRYTA 300 MG TAB, OXBRYTA 500 MG TAB)	2	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OXBRYTA 300 MG TAB SOL	2	QL 150 / 30 days
PANCREAZE	2	
PERTZYE (PERTZYE 4000 UNIT CP DR PART, PERTZYE 8000 UNIT CP DR PART, PERTZYE 16000 UNIT CP DR PART, PERTZYE 24000-86250 UNIT CP DR PART)	2	
PHEBURANE	2	
RAVICTI	2	
sodium phenylbutyrate (sodium phenylbutyrate 3 gm/tsp powder, sodium phenylbutyrate 500 mg tab)	1	
VIOKACE	2	
VPRIV	1	PA
XROMI	1	
yargesa	1	PA
ZAVESCA	1	PA
ZENPEP	1	
GENITOURINARY AGENTS		
ANTISPASMODICS, URINARY		
darifenacin hydrobromide er	1	
DETROL	2	QL 60 / 30 days
DETROL LA	2	QL 30 / 30 days
DITROPAN XL	2	QL 30 / 30 days
fesoterodine fumarate er	2	
flavoxate hcl	2	
GELNIQUE	2	
GEMTESA	2	QL 30 / 30 days
mirabegron er	2	
MYRBETRIQ (MYRBETRIQ 25 MG TAB ER 24H, MYRBETRIQ 50 MG TAB ER 24H)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MYRBETRIQ 8 MG/ML SRER	2	
OXYBUTYNIN CHLORIDE 2.5 MG TAB	2	
oxybutynin chloride 5 mg tab	1	QL 4 / 1 days
oxybutynin chloride 5 mg/5ml solution	1	QL 600 / 30 days
oxybutynin chloride er (oxybutynin chloride er 5 mg tab er 24h, oxybutynin chloride er 10 mg tab er 24h, oxybutynin chloride er 15 mg tab er 24h)	1	QL 30 / 30 days
OXYTROL	2	
OXYTROL FOR WOMEN	1	
solifenacin succinate	1	
tolterodine tartrate	1	QL 60 / 30 days
tolterodine tartrate er	1	QL 30 / 30 days
TOVIAZ	2	
trospium chloride	1	QL 60 / 30 days
trospium chloride er	2	QL 30 / 30 days
VESICARE	2	
VESICARE LS	2	
BENIGN PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl er	1	QL 30 / 30 days
AVODART	2	QL 30 / 30 days
CARDURA XL	2	
CIALIS (CIALIS 10 MG TAB, CIALIS 20 MG TAB)	2	
CIALIS (CIALIS 2.5 MG TAB, CIALIS 5 MG TAB)	2	QL 30 / 30 days
dutasteride 0.5 mg cap	1	QL 30 / 30 days
dutasteride-tamsulosin hcl	2	
ENTADFI	2	
finasteride 5 mg tab	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLOMAX	2	QL 60 / 30 days
JALYN	2	
PROSCAR	2	
RAPAFLO	2	
silodosin	2	
tadalafil (tadalafil 10 mg tab, tadalafil 20 mg tab)	2	
tadalafil (tadalafil 2.5 mg tab, tadalafil 5 mg tab)	2	QL 30 / 30 days
tamsulosin hcl	1	QL 60 / 30 days
TEZRULY	2	
GENITOURINARY AGENTS, OTHER		
bethanechol chloride (bethanechol chloride 5 mg tab, bethanechol chloride 10 mg tab, bethanechol chloride 25 mg tab, bethanechol chloride 50 mg tab)	1	QL 4 / 1 days
cytra-2	1	QL 120 / 1 days
ELMIRON	1	QL 90 / 30 days
ORACIT	1	QL 120 / 1 days
ORAL CITRATE	1	QL 120 / 1 days
PHOSPHA 250 NEUTRAL	1	
phospho-trin 250 neutral	1	
phosphorous	1	
sod citrate-citric acid	1	QL 120 / 1 days
sodium chloride 0.9 % solution	1	
SODIUM CITRATE-CITRIC ACID	1	QL 120 / 1 days
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL)		
CORTISONE ACETATE 25 MG TAB	2	
decadron	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
deflazacort (deflazacort 6 mg tab, deflazacort 18 mg tab, deflazacort 22.75 mg/ml suspension, deflazacort 30 mg tab, deflazacort 36 mg tab)	2	
DEPO-MEDROL 20 MG/ML SUSPENSION	1	QL 8 / 1 days
DEXABLISS	2	
dexamethasone (dexamethasone 0.5 mg tab, dexamethasone 0.5 mg/5ml elixir, dexamethasone 0.5 mg/5ml solution, dexamethasone 0.75 mg tab, dexamethasone 1 mg tab, dexamethasone 1.5 mg tab, dexamethasone 2 mg tab, dexamethasone 4 mg tab, dexamethasone 6 mg tab)	1	
dexamethasone (dexamethasone 1.5 mg (21) tab thpk, dexamethasone 1.5 mg (35) tab thpk, dexamethasone 1.5 mg (51) tab thpk)	2	
DEXAMETHASONE INTENSOL	1	
DXEVO 11-DAY	2	
EMFLAZA (EMFLAZA 6 MG TAB, EMFLAZA 18 MG TAB, EMFLAZA 22.75 MG/ML SUSPENSION, EMFLAZA 30 MG TAB, EMFLAZA 36 MG TAB)	2	
fludrocortisone acetate 0.1 mg tab	1	QL 2 / 1 days
HEMADY	2	
hydrocortisone sod suc (pf)	1	
jaythari (jaythari 6 mg tab, jaythari 18 mg tab, jaythari 22.75 mg/ml suspension, jaythari 30 mg tab, jaythari 36 mg tab)	2	
KENALOG-10	1	
KENALOG-40	1	
kymbee	2	
MEDROL (MEDROL 4 MG TAB, MEDROL 4 MG TAB THPK, MEDROL 8 MG TAB, MEDROL 16 MG TAB)	2	
MEDROL 2 MG TAB	2	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
methylprednisolone (methylprednisolone 4 mg tab, methylprednisolone 8 mg tab, methylprednisolone 16 mg tab)	1	QL 4 / 1 days
methylprednisolone 32 mg tab	1	QL 2 / 1 days
methylprednisolone 4 mg tab thpk	1	
methylprednisolone acetate 40 mg/ml suspension	1	QL 4 / 1 days
methylprednisolone acetate 80 mg/ml suspension	1	QL 2 / 1 days
methylprednisolone sodium succ (methylprednisolone sodium succ 40 mg recon soln, methylprednisolone sodium succ 500 mg recon soln, methylprednisolone sodium succ 1000 mg recon soln)	1	
MILLIPRED	2	QL 12 / 1 days
millipred	2	
ORAPRED ODT	2	
PEDIAPRED	2	
prednisolone 15 mg/5ml solution	1	QL 20 / 1 days
prednisolone 5 mg tab	2	
PREDNISOLONE SODIUM PHOSPHATE (PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP, PREDNISOLONE SODIUM PHOSPHATE 15 MG TAB DISP, PREDNISOLONE SODIUM PHOSPHATE 30 MG TAB DISP)	2	
prednisolone sodium phosphate (prednisolone sodium phosphate 5 mg/5ml solution, prednisolone sodium phosphate 6.7 (5 base) mg/5ml solution, prednisolone sodium phosphate 10 mg/5ml solution, prednisolone sodium phosphate 20 mg/5ml solution, prednisolone sodium phosphate 25 mg/5ml solution)	1	
prednisolone sodium phosphate 15 mg/5ml solution	1	QL 20 / 1 days
PREDNISONE (PREDNISONE 1 MG TAB DR, PREDNISONE 2 MG TAB DR)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
prednisone (prednisone 1 mg tab, prednisone 2.5 mg tab, prednisone 5 mg (21) tab thpk, prednisone 5 mg (48) tab thpk, prednisone 5 mg tab)	1	QL 8 / 1 days
prednisone (prednisone 10 mg (21) tab thpk, prednisone 10 mg (48) tab thpk)	1	
prednisone 10 mg tab	1	QL 6 / 1 days
prednisone 20 mg tab	1	QL 3 / 1 days
prednisone 5 mg/5ml solution	1	QL 60 / 1 day(s)
prednisone 50 mg tab	1	QL 1 / 1 days
PREDNISONE INTENSOL	1	QL 12 / 1 days
pyquvi	2	
RAYOS	2	
SOLU-CORTEF 100 MG RECON SOLN	1	
TAPERDEX 12-DAY	2	
taperdex 6-day	2	
TAPERDEX 7-DAY	2	
TARPEYO	2	QL 120 / 30 days
triamcinolone acetonide 40 mg/ml suspension	1	
ZCORT 7-DAY	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY)		
desmopressin ace spray refrig	1	QL 15 / 26 days
desmopressin acetate (desmopressin acetate 0.1 mg tab, desmopressin acetate 0.2 mg tab)	1	QL 180 / 30 days
desmopressin acetate spray	1	QL 15 / 26 days
GENOTROPIN	1	PA
GENOTROPIN MINIQUICK	1	PA
HUMATROPE	2	
MYFEMBREE	1	QL 30 / 30 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NGENLA	2	
NORDITROPIN FLEXPRO	1	PA
NUTROPIN AQ NUSPIN 10	2	
NUTROPIN AQ NUSPIN 20	2	
NUTROPIN AQ NUSPIN 5	2	
OMNITROPE (OMNITROPE 5 MG/1.5ML SOLN CART, OMNITROPE 5.8 MG RECON SOLN, OMNITROPE 10 MG/1.5ML SOLN CART)	2	PA
SAIZEN	2	
SAIZENPREP	2	
SEROSTIM	2	
SKYTROFA	1	PA
SOGROYA	1	PA
ZOMACTON	2	
ZOMACTON (FOR ZOMA-JET 10)	2	
ZORBTIVE	2	
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS)		
ANABOLIC STEROIDS		
oxandrolone 10 mg tab	2	QL 60 / 30 days
oxandrolone 2.5 mg tab	2	QL 240 / 30 days
ANDROGENS		
ANDRODERM	2	
ANDROGEL (ANDROGEL 20.25 MG/1.25GM (1.62%) GEL, ANDROGEL 40.5 MG/2.5GM (1.62%) GEL)	2	QL 150 / 30 days
ANDROGEL (ANDROGEL 25 MG/2.5GM (1%) GEL, ANDROGEL 50 MG/5GM (1%) GEL)	2	QL 300 / 30 days
ANDROGEL PUMP	2	QL 150 / 30 days
AVEED	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AZMIRO	2	
depo-testosterone	1	QL 10 / 30 days PA
FORTESTA	2	QLC 3.51 grams/day
JATENZO	2	
KYZATREX	2	
METHITEST	2	
methyltestosterone 10 mg cap	2	QL 150 / 30 days
NATESTO	2	
TESTIM	2	QL 300 / 30 days
TESTOPEL	1	QL 6 / 180 day(s) PA
testosterone (testosterone 1.62 % gel, testosterone 20.25 mg/act (1.62%) gel)	1	QL 150 / 30 days PA
TESTOSTERONE (TESTOSTERONE 100 MG PELLET, TESTOSTERONE 200 MG PELLET)	2	
testosterone (testosterone 12.5 mg/act (1%) gel, testosterone 20.25 mg/1.25gm (1.62%) gel, testosterone 40.5 mg/2.5gm (1.62%) gel)	2	QL 150 / 30 days
testosterone (testosterone 25 mg/2.5gm (1%) gel, testosterone 50 mg/5gm (1%) gel)	2	QL 300 / 30 days
TESTOSTERONE 10 MG/ACT (2%) GEL	2	QLC 3.51 grams/day
testosterone 30 mg/act solution	2	QLC 6 mL/day
testosterone cypionate (testosterone cypionate 100 mg/ml solution, testosterone cypionate 200 mg/ml solution)	1	QL 10 / 30 days PA
TESTOSTERONE CYPIONATE 200 MG/ML SOLUTION	1	PA
testosterone enanthate 200 mg/ml solution	2	QL 5 / 30 days
TLANDO	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UNDECATREX	2	
VOGELXO	2	QL 300 / 30 days
VOGELXO PUMP	2	QL 150 / 30 days
XYOSTED	2	
ESTROGENS		
abigale	2	
abigale lo	2	
ACTIVELLA	2	
afirmelle	1	QL 1 / 1 days
ALORA (ALORA 0.025 MG/24HR PATCH TW, ALORA 0.05 MG/24HR PATCH TW)	1	
altavera	1	QL 1 / 1 days
alyacen 1/35	1	QL 1 / 1 days
alyacen 7/7/7	1	QL 28 / 28 days
amabelz	2	
amethia	1	
amethyst	1	QL 1 / 1 days
ANGELIQ	1	
ANNOVERA	2	
apri	1	QL 1 / 1 days
ARANELLE	1	QL 1 / 1 days
ashlyna	1	
aubra	1	QL 1 / 1 days
aubra eq	1	QL 1 / 1 days
aurovela 1.5/30	1	QL 1 / 1 days
aurovela 1/20	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
aurovela 24 fe	1	
aurovela fe 1.5/30	1	QL 1 / 1 days
aurovela fe 1/20	1	QL 1 / 1 days
AVERI	2	
aviane	1	QL 1 / 1 days
ayuna	1	QL 1 / 1 days
azurette	1	QL 1 / 1 days
BALCOLTRA	2	
balziva	1	QL 1 / 1 days
BEYAZ	2	
BIJUVA 1-100 MG CAP	2	
blisovi 24 fe	1	
blisovi fe 1.5/30	1	QL 1 / 1 days
blisovi fe 1/20	1	QL 1 / 1 days
briellyn	1	QL 1 / 1 days
camrese	1	
camrese lo	1	
caziant	1	QL 1 / 1 days
charlotte 24 fe	1	
chateal	1	QL 1 / 1 days
chateal eq	1	QL 1 / 1 days
CLIMARA	2	
CLIMARA PRO	1	
COMBIPATCH	1	
COVARYX	2	
COVARYX HS	2	
cryselle	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cryselle-28	1	QL 1 / 1 days
cyclafem 1/35	1	QL 1 / 1 days
cyclafem 7/7/7	1	QL 28 / 28 days
cyred	1	QL 1 / 1 days
cyred eq	1	QL 1 / 1 days
dasetta 1/35	1	QL 1 / 1 days
dasetta 7/7/7	1	QL 28 / 28 days
daysee	1	
DELESTROGEN	1	
DEPO-ESTRADIOL	1	
desogestrel-ethinyl estradiol (desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab, desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab)	1	QL 1 / 1 days
DIVIGEL (DIVIGEL 0.25 MG/0.25GM GEL, DIVIGEL 0.5 MG/0.5GM GEL, DIVIGEL 0.75 MG/0.75GM GEL, DIVIGEL 1 MG/GM GEL, DIVIGEL 1.25 MG/1.25GM GEL)	2	
dolishale	1	QL 1 / 1 days
dotti	2	QL 8 / 28 days
drospiren-eth estrad-levomefol	2	
drospirenone-ethinyl estradiol	1	QL 1 / 1 days
EEMT	2	
EEMT HS	2	
ELESTRIN	1	
elinest	1	QL 1 / 1 days
eluryng	1	QL 1 / 28 days
enilloring	1	QL 1 / 28 days
enpresse-28	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
enskyce	1	QL 1 / 1 days
est estrogens-methyltest (est estrogens-methyltest, est estrogens-methyltest 1.25-2.5 mg tab)	2	
est estrogens-methyltest ds	2	
est estrogens-methyltest hs	2	
estarylla	1	QL 1 / 1 days
ESTRACE (ESTRACE 1 MG TAB, ESTRACE 2 MG TAB)	2	QL 90 / 30 days
ESTRACE 0.01 % CREAM	2	QLC 42.5 grams/30 days
ESTRACE 0.5 MG TAB	2	
estradiol (estradiol 0.025 mg/24hr patch tw, estradiol 0.0375 mg/24hr patch tw, estradiol 0.05 mg/24hr patch tw, estradiol 0.075 mg/24hr patch tw, estradiol 0.1 mg/24hr patch tw)	1	QL 8 / 28 days
estradiol (estradiol 0.025 mg/24hr patch wk, estradiol 0.0375 mg/24hr patch wk, estradiol 0.05 mg/24hr patch wk, estradiol 0.06 mg/24hr patch wk, estradiol 0.075 mg/24hr patch wk, estradiol 0.1 mg/24hr patch wk)	1	QL 4 / 28 days
estradiol (estradiol 0.25 mg/0.25gm gel, estradiol 0.5 mg/0.5gm gel, estradiol 0.75 mg/0.75gm gel, estradiol 0.75 mg/1.25 gm (0.06%) gel, estradiol 1 mg/gm gel, estradiol 1.25 mg/1.25gm gel)	2	
estradiol (estradiol 0.5 mg tab, estradiol 10 mcg tab)	1	
estradiol (estradiol 1 mg tab, estradiol 2 mg tab)	1	QL 90 / 30 days
estradiol 0.01 % cream	1	QLC 42.5 grams/30 days
estradiol valerate (estradiol valerate 10 mg/ml oil, estradiol valerate 20 mg/ml oil, estradiol valerate 40 mg/ml oil)	1	
estradiol-norethindrone acet	2	
estratest f.s.	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESTRATEST H.S.	2	
ESTRING	1	
ESTROGEL	2	
estrogens conjugated	2	
ESTROSTEP FE	2	QL 1 / 1 days
ethynodiol diac-eth estradiol	1	QL 1 / 1 days
etonogestrel-ethinyl estradiol	1	QL 1 / 28 days
EVAMIST	1	
falmina	1	QL 1 / 1 days
fayosim	2	
feirza 1.5/30	1	QL 1 / 1 days
feirza 1/20	1	QL 1 / 1 days
FEMHRT	2	
FEMLYV	2	
FEMRING	1	
femynor	1	QL 1 / 1 days
finzala	1	
fyavolv	1	
galbriela	2	
gemmily	2	
GENERESS FE	2	
hailey 1.5/30	1	QL 1 / 1 days
hailey 24 fe	1	
hailey fe 1.5/30	1	QL 1 / 1 days
hailey fe 1/20	1	QL 1 / 1 days
haloette	1	QL 1 / 28 days
iclevia	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
introvale	1	
isibloom	1	QL 1 / 1 days
jaimiess	1	
jasmiel	1	QL 1 / 1 days
jinteli	1	
jolessa	1	
joyeaux	2	
juleber	1	QL 1 / 1 days
junel 1.5/30	1	QL 1 / 1 days
junel 1/20	1	QL 1 / 1 days
junel fe 1.5/30	1	QL 1 / 1 days
junel fe 1/20	1	QL 1 / 1 days
junel fe 24	1	
kaitlib fe	2	
kalliga	1	QL 1 / 1 days
kariva	1	QL 1 / 1 days
kelnor 1/35	1	QL 1 / 1 days
kelnor 1/50	1	QL 1 / 1 days
kurvelo	1	QL 1 / 1 days
larin 1.5/30	1	QL 1 / 1 days
larin 1/20	1	QL 1 / 1 days
larin 24 fe	1	
larin fe 1.5/30	1	QL 1 / 1 days
larin fe 1/20	1	QL 1 / 1 days
larissia	1	QL 1 / 1 days
layolis fe	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
leena	1	QL 1 / 1 days
lessina	1	QL 1 / 1 days
levonest	1	QL 1 / 1 days
levonorg-eth estrad triphasic	1	QL 1 / 1 days
levonorgest-eth est & eth est	2	
levonorgest-eth estrad 91-day	1	
levonorgest-eth estradiol-iron	2	
levonorgestrel-ethinyl estrad (levonorgestrel-ethinyl estrad 0.1-20 mg-mcg tab, levonorgestrel-ethinyl estrad 0.15-30 mg-mcg tab, levonorgestrel-ethinyl estrad 90-20 mcg tab)	1	QL 1 / 1 days
levora 0.15/30 (28)	1	QL 1 / 1 days
lillow	1	QL 1 / 1 days
LO LOESTRIN FE	1	
lo-zumandimine	1	QL 1 / 1 days
loestrin 1.5/30 (21)	2	QL 1 / 1 days
loestrin 1/20 (21)	2	QL 1 / 1 days
loestrin fe 1.5/30	2	QL 1 / 1 days
loestrin fe 1/20	2	QL 1 / 1 days
lojaimiess	1	
loryna	1	QL 1 / 1 days
LOSEASONIQUE	2	
low-ogestrel	1	QL 1 / 1 days
luizza 1.5/30	1	QL 1 / 1 days
luizza 1/20	1	QL 1 / 1 days
lutera	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lyllana	2	QL 8 / 28 days
marlissa	1	QL 1 / 1 days
MENEST (MENEST 0.3 MG TAB, MENEST 0.625 MG TAB, MENEST 1.25 MG TAB)	2	QL 30 / 30 days
MENEST 2.5 MG TAB	2	
MENOSTAR	2	
merzee	2	
mibelas 24 fe	2	
microgestin 1.5/30	1	QL 1 / 1 days
microgestin 1/20	1	QL 1 / 1 days
microgestin 24 fe	1	
microgestin fe 1.5/30	1	QL 1 / 1 days
microgestin fe 1/20	1	QL 1 / 1 days
mili	1	QL 1 / 1 days
mimvey	2	
MINASTRIN 24 FE	2	
MINIVELLE	2	QL 8 / 28 days
minzoya	2	
MIRCETTE	2	QL 1 / 1 days
mono-linyah	1	QL 1 / 1 days
NATAZIA	2	
necon 0.5/35 (28)	1	QL 1 / 1 days
NEXTSTELLIS	2	
nikki	1	QL 1 / 1 days
norelgestromin-eth estradiol	2	QL 3 / 28 days
norethin ace-eth estrad-fe (norethin ace-eth estrad-fe 1-20 mg-mcg tab, norethin ace-eth estrad-fe 1.5-30 mg-mcg tab)	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
norethin ace-eth estrad-fe 1-20 mg-mcg(24) cap	2	
norethin ace-eth estrad-fe 1-20 mg-mcg(24) chew tab	1	
norethin-eth estradiol-fe 0.4-35 mg-mcg chew tab	1	QL 1 / 1 days
norethin-eth estradiol-fe 0.8-25 mg-mcg chew tab	2	
norethindron-ethinyl estrad-fe	2	QL 1 / 1 days
norethindrone acet-ethinyl est	1	QL 1 / 1 days
norethindrone-eth estradiol	1	
norgestim-eth estrad triphasic	1	QL 1 / 1 days
norgestimate-eth estradiol	1	QL 1 / 1 days
nortrel 0.5/35 (28)	1	QL 1 / 1 days
nortrel 1/35 (21)	1	QL 1 / 1 days
nortrel 1/35 (28)	1	QL 1 / 1 days
nortrel 7/7/7	1	QL 28 / 28 days
NUVARING	1	QL 1 / 28 days
nylia 1/35	1	QL 1 / 1 days
nylia 7/7/7	1	QL 28 / 28 days
nymyo	1	QL 1 / 1 days
ocella	1	QL 1 / 1 days
orsythia	1	QL 1 / 1 days
philith	1	QL 1 / 1 days
pimtrea	1	QL 1 / 1 days
pirmella 1/35	1	QL 1 / 1 days
pirmella 7/7/7	1	QL 28 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
portia-28	1	QL 1 / 1 days
PREFEST	2	
PREMARIN (PREMARIN 0.3 MG TAB, PREMARIN 0.45 MG TAB, PREMARIN 0.625 MG TAB, PREMARIN 0.9 MG TAB)	1	QL 30 / 30 days
PREMARIN (PREMARIN 0.625 MG/GM CREAM, PREMARIN 1.25 MG TAB)	1	
PREMARIN 25 MG RECON SOLN	2	
PREMPHASE	1	QL 1 / 1 days
PREMPRO	1	QL 1 / 1 days
previfem	1	QL 1 / 1 days
QUARTETTE	2	
reclipsen	1	QL 1 / 1 days
rivelsa	2	
rosyrah	2	
SAFYRAL	2	
SEASONIQUE	2	
setlakin	1	
simliya	1	QL 1 / 1 days
simpesse	1	
sprintec 28	1	QL 1 / 1 days
sronyx	1	QL 1 / 1 days
syeda	1	QL 1 / 1 days
tarina 24 fe	1	
tarina fe 1/20	1	QL 1 / 1 days
tarina fe 1/20 eq	1	QL 1 / 1 days
taysofy	2	
TAYTULLA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tilia fe	2	QL 1 / 1 days
tri femynor	1	QL 1 / 1 days
tri-estarylla	1	QL 1 / 1 days
tri-legest fe	2	QL 1 / 1 days
tri-linyah	1	QL 1 / 1 days
tri-lo-estarylla	1	QL 1 / 1 days
tri-lo-marzia	1	QL 1 / 1 days
tri-lo-mili	1	QL 1 / 1 days
tri-lo-sprintec	1	QL 1 / 1 days
tri-mili	1	QL 1 / 1 days
tri-nymyo	1	QL 1 / 1 days
tri-previfem	1	QL 1 / 1 days
tri-sprintec	1	QL 1 / 1 days
tri-vylibra	1	QL 1 / 1 days
tri-vylibra lo	1	QL 1 / 1 days
trivora (28)	1	QL 1 / 1 days
turqoz	1	QL 1 / 1 days
TWIRLA	2	
TYBLUME	1	
tydemy	2	
VAGIFEM	1	
valtya 1/35	1	QL 1 / 1 days
valtya 1/50	1	QL 1 / 1 days
velivet	1	QL 1 / 1 days
vestura	1	QL 1 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
vienva	1	QL 1 / 1 days
viorele	1	QL 1 / 1 days
VIVELLE-DOT	2	QL 8 / 28 days
volnea	1	QL 1 / 1 days
vyfemla	1	QL 1 / 1 days
vylibra	1	QL 1 / 1 days
wera	1	QL 1 / 1 days
wymzya fe	1	QL 1 / 1 days
xarah fe	2	QL 1 / 1 days
xelria fe	1	QL 1 / 1 days
xulane	1	QL 3 / 28 days
YASMIN 28	1	QL 1 / 1 days
YAZ	2	QL 1 / 1 days
yuvafem	1	
zafemy	2	QL 3 / 28 days
zovia 1/35 (28)	1	QL 1 / 1 days
zovia 1/35e (28)	1	QL 1 / 1 days
zumandimine	1	QL 1 / 1 days
PROGESTINS		
aftera	1	QL 1 / 1 fill
afterpill	1	QL 1 / 1 fill
AYGESTIN	2	QL 90 / 30 days
camila	1	QL 1 / 1 days
CRINONE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
curae	1	QL 1 / 1 fill
deblitane	1	QL 1 / 1 days
DEPO-PROVERA 150 MG/ML SUSP PRSYR	2	
DEPO-PROVERA 150 MG/ML SUSPENSION	1	
DEPO-SUBQ PROVERA 104	1	QL 1 / 84 days
econtra ez	1	QL 1 / 1 fill
econtra one-step	1	QL 1 / 1 fill
ELLA	1	QL 1 / 1 fill
emzahh	1	QL 1 / 1 days
errin	1	QL 1 / 1 days
gallifrey	1	QL 90 / 30 days
heather	1	QL 1 / 1 days
her style	1	QL 1 / 1 fill
hydroxyprogesterone caproate 250 mg/ml oil	1	
incassia	1	QL 1 / 1 days
jencycla	1	QL 1 / 1 days
KYLEENA	1	
levonorgestrel	1	QL 1 / 1 fill
LILETTA (52 MG)	1	
lyleq	1	QL 1 / 1 days
lyza	1	QL 1 / 1 days
medroxyprogesterone acetate (medroxyprogesterone acetate 150 mg/ml susp prsyr, medroxyprogesterone acetate 150 mg/ml suspension)	1	QL 1 / 84 days
medroxyprogesterone acetate (medroxyprogesterone acetate 5 mg tab, medroxyprogesterone acetate 10 mg tab)	1	QL 90 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
medroxyprogesterone acetate 2.5 mg tab	1	QL 1 / 1 days
megestrol acetate (megestrol acetate 20 mg tab, megestrol acetate 40 mg tab)	1	QL 240 / 30 days
megestrol acetate (megestrol acetate 40 mg/ml suspension, megestrol acetate 400 mg/10ml suspension, megestrol acetate 800 mg/20ml suspension)	1	
meleya	1	QL 1 / 1 days
MIRENA (52 MG)	1	
my choice	1	QL 1 / 1 fill
my way	1	QL 1 / 1 fill
new day	1	QL 1 / 1 fill
NEXPLANON	1	
nora-be	1	QL 1 / 1 days
norethindrone 0.35 mg tab	1	QL 1 / 1 days
norethindrone acetate 5 mg tab	1	QL 90 / 30 days
norlyda	1	QL 1 / 1 days
opcicon one-step	1	QL 1 / 1 fill
OPILL	1	
option 2	1	QL 1 / 1 fill
orquidea	1	QL 1 / 1 days
plan b one-step	1	QL 1 / 1 fill
progesterone (progesterone 100 mg cap, progesterone 200 mg cap)	1	QL 60 / 30 days
progesterone 50 mg/ml oil	1	
PROMETRIUM	2	QL 60 / 30 days
PROVERA (PROVERA 5 MG TAB, PROVERA 10 MG TAB)	2	QL 90 / 30 days
PROVERA 2.5 MG TAB	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
react	1	QL 1 / 1 fill
sharobel	1	QL 1 / 1 days
shewise	1	QL 1 / 1 fill
SKYLA	1	
SLYND	2	
take action	1	QL 1 / 1 fill
tulana	1	QL 1 / 1 days
SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS		
DUAVEE	2	
EVISTA	2	
raloxifene hcl	2	QL 30 / 30 days
HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID)		
ADTHYZA	2	
ARMOUR THYROID	1	
CYTOMEL 25 MCG TAB	1	QL 90 / 30 days
CYTOMEL 5 MCG TAB	1	QL 4 / 1 days
CYTOMEL 50 MCG TAB	1	QL 60 / 30 days
ERMEZA	1	
euthyrox	2	
EVEXITHROID	2	
levo-t	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEVOTHYROXINE SODIUM (LEVOTHYROXINE SODIUM 13 MCG CAP, LEVOTHYROXINE SODIUM 25 MCG CAP, LEVOTHYROXINE SODIUM 50 MCG CAP, LEVOTHYROXINE SODIUM 75 MCG CAP, LEVOTHYROXINE SODIUM 88 MCG CAP, LEVOTHYROXINE SODIUM 100 MCG CAP, LEVOTHYROXINE SODIUM 100 MCG RECON SOLN, LEVOTHYROXINE SODIUM 100 MCG/5ML SOLUTION, LEVOTHYROXINE SODIUM 100 MCG/ML SOLUTION, LEVOTHYROXINE SODIUM 112 MCG CAP, LEVOTHYROXINE SODIUM 125 MCG CAP, LEVOTHYROXINE SODIUM 137 MCG CAP, LEVOTHYROXINE SODIUM 150 MCG CAP, LEVOTHYROXINE SODIUM 175 MCG CAP, LEVOTHYROXINE SODIUM 200 MCG CAP, LEVOTHYROXINE SODIUM 200 MCG RECON SOLN, LEVOTHYROXINE SODIUM 500 MCG RECON SOLN)	2	
levothyroxine sodium (levothyroxine sodium 25 mcg tab, levothyroxine sodium 50 mcg tab, levothyroxine sodium 75 mcg tab, levothyroxine sodium 88 mcg tab, levothyroxine sodium 100 mcg tab, levothyroxine sodium 112 mcg tab, levothyroxine sodium 125 mcg tab, levothyroxine sodium 137 mcg tab, levothyroxine sodium 150 mcg tab, levothyroxine sodium 175 mcg tab, levothyroxine sodium 200 mcg tab, levothyroxine sodium 300 mcg tab)	1	
levoxyl	1	
liomny 25 mcg tab	1	QL 90 / 30 days
liomny 5 mcg tab	1	QL 4 / 1 days
liomny 50 mcg tab	1	QL 60 / 30 days
LIOTHYRONINE SODIUM 10 MCG/ML SOLUTION	2	
liothyronine sodium 25 mcg tab	1	QL 90 / 30 days
liothyronine sodium 5 mcg tab	1	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
liothyronine sodium 50 mcg tab	1	QL 60 / 30 days
NIVA THYROID	1	
NP THYROID	1	
RENTHYROID (RENTHYROID 15 MG TAB, RENTHYROID 30 MG TAB, RENTHYROID 60 MG TAB, RENTHYROID 90 MG TAB, RENTHYROID 120 MG TAB)	1	
RENTHYROID (RENTHYROID 45 MG TAB, RENTHYROID 75 MG TAB)	2	
SYNTHROID	2	
THYQUIDITY	2	
THYROID (THYROID 15 MG TAB, THYROID 30 MG TAB, THYROID 60 MG TAB, THYROID 90 MG TAB, THYROID 120 MG TAB)	1	
TIROSINT	2	
TIROSINT-SOL	2	
TRIOSTAT	2	
unithroid	2	
HORMONAL AGENTS, SUPPRESSANT (ADRENAL OR PITUITARY)		
cabergoline	1	QL 16 / 30 days
CAMCEVI	2	
ELIGARD 22.5 MG KIT	1	QL 1 / 90 days PA
ELIGARD 30 MG KIT	1	QL 1 / 120 days PA
ELIGARD 45 MG KIT	1	QL 1 / 180 days PA
ELIGARD 7.5 MG KIT	1	QL 1 / 30 days PA
FENSOLVI (6 MONTH)	1	QL 1 / 180 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FIRMAGON	1	PA
FIRMAGON (240 MG DOSE)	1	PA
leuprolide acetate (3 month)	1	PA
leuprolide acetate 1 mg/0.2ml kit	1	QL 2 / 28 days PA
LUPRON DEPOT (1-MONTH)	1	QL 1 / 30 days PA
LUPRON DEPOT (3-MONTH)	1	QL 1 / 90 days PA
LUPRON DEPOT (4-MONTH)	1	QL 1 / 120 days PA
LUPRON DEPOT (6-MONTH)	1	QL 1 / 180 days PA
LUPRON DEPOT-PED (1-MONTH)	1	QL 1 / 30 days PA
LUPRON DEPOT-PED (3-MONTH)	1	QL 1 / 90 days PA
LUPRON DEPOT-PED (6-MONTH)	1	PA
LUTRATE DEPOT	1	PA
ORIAHNN	2	QL 56 / 28 days PA
ORILISSA 150 MG TAB	1	QL 30 / 30 days PA
ORILISSA 200 MG TAB	1	QL 60 / 30 days PA
SUPPRELIN LA	2	
SYNAREL	2	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRELSTAR MIXJECT 11.25 MG RECON SUSP	2	QL 1 / 84 days
TRELSTAR MIXJECT 22.5 MG RECON SUSP	2	QL 1 / 168 days
TRELSTAR MIXJECT 3.75 MG RECON SUSP	2	QL 1 / 28 days
TRIPTODUR	1	QL 1 / 168 days PA
VABRINTY 22.5 MG KIT	2	QL 1 / 90 days PA
VABRINTY 30 MG KIT	2	QL 1 / 120 days PA
VABRINTY 45 MG KIT	2	QL 1 / 180 days PA
ZOLADEX 10.8 MG IMPLANT	1	QL 1 / 84 days PA
ZOLADEX 3.6 MG IMPLANT	1	QL 1 / 28 days PA
HORMONAL AGENTS, SUPPRESSANT (THYROID)		
ANTITHYROID AGENTS		
methimazole 10 mg tab	1	QL 180 / 30 days
methimazole 5 mg tab	1	QL 270 / 30 days
propylthiouracil 50 mg tab	1	QL 270 / 30 days
IMMUNOLOGICAL AGENTS		
ANGIOEDEMA AGENTS		
ANDEMBRY	2	
BERINERT	1	PA
CINRYZE	1	PA
DAWNZERA	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EKTERLY	2	
FIRAZYR	2	
HAEGARDA	1	PA
icatibant acetate	1	PA
KALBITOR	1	PA
ORLADEYO	1	PA
RUCONEST	1	PA
sajazir	2	PA
TAKHZYRO	1	PA
IMMUNOGLOBULINS		
HYPERRHO	1	
RHOGAM ULTRA-FILTERED PLUS	1	
IMMUNOLOGICAL AGENTS, OTHER		
ACTEMRA	2	
ACTEMRA ACTPEN	2	
ARCALYST	2	QLC 8 vials/28 days
AVTOZMA (AVTOZMA 162 MG/0.9ML SOLN A-INJ, AVTOZMA 162 MG/0.9ML SOLN PRSYR)	2	
BIMZELX	2	
COSENTYX (300 MG DOSE)	2	
COSENTYX (COSENTYX 125 MG/5ML SOLUTION, COSENTYX 150 MG/ML SOLN PRSYR)	2	
COSENTYX 75 MG/0.5ML SOLN PRSYR	2	QLC 2 mL/28 days
COSENTYX SENSOREADY (300 MG)	2	
COSENTYX SENSOREADY PEN	2	
COSENTYX UNOREADY	2	
DUPIXENT (DUPIXENT 200 MG/1.14ML SOLN A-INJ, DUPIXENT 200 MG/1.14ML SOLN PRSYR)	1	QL 4.56 / 28 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DUPIXENT (DUPIXENT 300 MG/2ML SOLN A-INJ, DUPIXENT 300 MG/2ML SOLN PRSYR)	1	QL 8 / 28 days PA
DUPIXENT 100 MG/0.67ML SOLN PRSYR	1	QL 1.34 / 28 days PA
ENTYVIO	2	
ENTYVIO PEN	2	
ILARIS	2	
ILUMYA	2	
IMULDOSA (IMULDOSA 45 MG/0.5ML SOLN PRSYR, IMULDOSA 90 MG/ML SOLN PRSYR, IMULDOSA 130 MG/26ML SOLUTION)	2	
KEVZARA	2	
KINERET	1	PA
NEMLUVIO	2	
OLUMIANT	2	
ORENCIA 125 MG/ML SOLN PRSYR	2	QL 4 / 28 days
ORENCIA 50 MG/0.4ML SOLN PRSYR	2	QL 1.6 / 28 days
ORENCIA 87.5 MG/0.7ML SOLN PRSYR	2	QL 2.8 / 28 days
ORENCIA CLICKJECT	1	QL 4 / 28 days PA
OTULFI (OTULFI 45 MG/0.5ML SOLN PRSYR, OTULFI 45 MG/0.5ML SOLUTION)	2	QL 0.5 mL / 28 day(s)
OTULFI 130 MG/26ML SOLUTION	2	QL 104 mL / 56 day(s)
OTULFI 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
PYZCHIVA (PYZCHIVA 45 MG/0.5ML SOLN A-INJ, PYZCHIVA 90 MG/ML SOLN A-INJ)	2	PA
PYZCHIVA 130 MG/26ML SOLUTION (ONLY SANDOZ PREFERRED)	1	QL 104 mL / 56 day(s) PA
PYZCHIVA 45 MG/0.5ML SOLN PRSYR (ONLY SANDOZ PREFERRED)	1	QL 0.5 mL / 28 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PYZCHIVA 45 MG/0.5ML SOLUTION (ONLY SANDOZ PREFERRED)	1	QL 0.5 mL / 28 day(s) PA
PYZCHIVA 90 MG/ML SOLN PRSYR (ONLY SANDOZ PREFERRED)	1	QL 1 mL / 28 day(s) PA
RINVOQ (RINVOQ 30 MG TAB ER 24H, RINVOQ 45 MG TAB ER 24H)	2	
RINVOQ 15 MG TAB ER 24H	2	QL 30 / 30 days
RINVOQ LQ	2	
SELARSDI 130 MG/26ML SOLUTION	2	QL 104 mL / 56 day(s)
SELARSDI 45 MG/0.5ML SOLN PRSYR	2	QL 0.5 mL / 28 day(s)
SELARSDI 45 MG/0.5ML SOLUTION	2	
SELARSDI 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
SILIQ	2	
SKYRIZI (150 MG DOSE)	1	QL 1 mL / 28 day(s) PA
SKYRIZI 150 MG/ML SOLN PRSYR	1	QL 1 mL / 28 day(s) PA
SKYRIZI 180 MG/1.2ML SOLN CART	1	QL 1.2 mL / 56 day(s) PA
SKYRIZI 360 MG/2.4ML SOLN CART	1	QL 2.4 mL / 56 day(s) PA
SKYRIZI 600 MG/10ML SOLUTION	1	PA
SKYRIZI PEN	1	QL 1 mL / 28 day(s) PA
SOTYKTU	2	
STARJEMZA (STARJEMZA 45 MG/0.5ML SOLN PRSYR, STARJEMZA 45 MG/0.5ML SOLUTION, STARJEMZA 90 MG/ML SOLN PRSYR, STARJEMZA 130 MG/26ML SOLUTION)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STELARA (STELARA 45 MG/0.5ML SOLN PRSYR, STELARA 45 MG/0.5ML SOLUTION)	2	QL 0.5 mL / 28 day(s)
STELARA 130 MG/26ML SOLUTION	2	QL 104 Ml / 56 day(s)
STELARA 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
STEQEYMA 130 MG/26ML SOLUTION	2	QL 104 mL / 56 day(s)
STEQEYMA 45 MG/0.5ML SOLN PRSYR	2	QL 0.5 mL / 28 day(s)
STEQEYMA 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
TALTZ (TALTZ 80 MG/ML SOLN A-INJ, TALTZ 80 MG/ML SOLN PRSYR)	1	QL 4 / 28 day(s) PA
TALTZ 20 MG/0.25ML SOLN PRSYR	1	QL 0.25 / 28 day(s) PA
TALTZ 40 MG/0.5ML SOLN PRSYR	1	QL 0.5 / 28 day(s) PA
TOFIDENCE	2	
TREMFYA (TREMFYA 100 MG/ML SOLN PRSYR, TREMFYA 200 MG/20ML SOLUTION, TREMFYA 200 MG/2ML SOLN PRSYR)	2	
TREMFYA ONE-PRESS	2	
TREMFYA PEN (TREMFYA PEN 100 MG/ML SOLN A-INJ, TREMFYA PEN 200 MG/2ML SOLN A-INJ)	2	
TREMFYA-CD/UC INDUCTION	2	
TYENNE (TYENNE 162 MG/0.9ML SOLN A-INJ, TYENNE 162 MG/0.9ML SOLN PRSYR)	1	QL 3.6 mL / 28 day(s) PA
TYENNE (TYENNE 80 MG/4ML SOLUTION, TYENNE 200 MG/10ML SOLUTION, TYENNE 400 MG/20ML SOLUTION)	1	PA
USTEKINUMAB (USTEKINUMAB 45 MG/0.5ML SOLN PRSYR, USTEKINUMAB 45 MG/0.5ML SOLUTION)	2	QL 0.5 mL / 28 day(s)
USTEKINUMAB 130 MG/26ML SOLUTION	2	QL 104 Ml / 56 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
USTEKINUMAB 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
USTEKINUMAB-AAUZ 45 MG/0.5ML SOLN PRSYR	2	QL 0.5 mL / 28 day(s)
USTEKINUMAB-AAUZ 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
USTEKINUMAB-AEKN 45 MG/0.5ML SOLN PRSYR	2	QL 0.5 mL / 28 day(s)
USTEKINUMAB-AEKN 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
USTEKINUMAB-TTWE (USTEKINUMAB-TTWE 45 MG/0.5ML SOLN PRSYR, USTEKINUMAB-TTWE 45 MG/0.5ML SOLUTION)	2	QL 0.5 mL / 28 day(s) PA
USTEKINUMAB-TTWE 130 MG/26ML SOLUTION	2	QL 104 mL / 56 day(s) PA
USTEKINUMAB-TTWE 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s) PA
VELSIPITY	2	
WAYRILZ	2	
WEZLANA (WEZLANA 45 MG/0.5ML SOLN PRSYR, WEZLANA 45 MG/0.5ML SOLUTION, WEZLANA 90 MG/ML SOLN PRSYR, WEZLANA 130 MG/26ML SOLUTION)	2	
XELJANZ (XELJANZ 5 MG TAB, XELJANZ 10 MG TAB)	1	QL 60 / 30 days PA
XELJANZ 1 MG/ML SOLUTION	1	PA QLC 10 mL/day
XELJANZ XR	1	QL 30 / 30 days PA
XOLAIR (XOLAIR 75 MG/0.5ML SOLN A-INJ, XOLAIR 75 MG/0.5ML SOLN PRSYR, XOLAIR 150 MG RECON SOLN, XOLAIR 150 MG/ML SOLN A-INJ, XOLAIR 150 MG/ML SOLN PRSYR, XOLAIR 300 MG/2ML SOLN A-INJ, XOLAIR 300 MG/2ML SOLN PRSYR)	1	PA
YESINTEK (YESINTEK 45 MG/0.5ML SOLN PRSYR, YESINTEK 45 MG/0.5ML SOLUTION)	2	QL 0.5 mL / 28 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
YESINTEK 130 MG/26ML SOLUTION	2	QL 104 mL / 56 day(s)
YESINTEK 90 MG/ML SOLN PRSYR	2	QL 1 mL / 28 day(s)
IMMUNOSTIMULANTS		
PEGASYS	2	
IMMUNOSUPPRESSANTS		
ABRILADA (1 PEN)	2	
ABRILADA (2 PEN)	2	
ABRILADA (2 SYRINGE)	2	
ADALIMUMAB-AACF (2 PEN)	2	QL 6 / 28 day(s)
ADALIMUMAB-AACF (2 SYRINGE)	2	QL 3 / 28 day(s)
ADALIMUMAB-AACF(CD/UC/HS STRT)	2	QL 6 / 28 day(s)
ADALIMUMAB-AACF(PS/UV STARTER)	2	QL 6 / 28 day(s)
ADALIMUMAB-AATY (1 PEN)	1	PA
ADALIMUMAB-AATY (2 PEN)	1	PA
ADALIMUMAB-AATY (2 SYRINGE)	1	PA
ADALIMUMAB-AATY CD/UC/HS START	1	PA
ADALIMUMAB-ADAZ (ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN A-INJ, ADALIMUMAB-ADAZ 40 MG/0.4ML SOLN PRSYR, ADALIMUMAB-ADAZ 80 MG/0.8ML SOLN A-INJ)	2	QL 6 / 28 day(s)
ADALIMUMAB-ADAZ 10 MG/0.1ML SOLN PRSYR	2	
ADALIMUMAB-ADAZ 20 MG/0.2ML SOLN PRSYR	2	QL 3 / 28 day(s)
ADALIMUMAB-ADBM (2 PEN)	2	QL 6 / 28 day(s)
ADALIMUMAB-ADBM (2 SYRINGE) (ADALIMUMAB-ADBM (2 SYRINGE) 20 MG/0.4ML PREF SY KT, ADALIMUMAB-ADBM (2 SYRINGE) 40 MG/0.4ML PREF SY KT, ADALIMUMAB-ADBM (2 SYRINGE) 40 MG/0.8ML PREF SY KT)	2	QL 6 / 28 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADALIMUMAB-ADBM (2 SYRINGE) 10 MG/0.2ML PREF SY KT	2	QL 12 / 28 day(s)
ADALIMUMAB-ADBM(CD/UC/HS STRT)	2	QL 6 / 28 day(s)
ADALIMUMAB-ADBM(PS/UV STARTER)	2	QL 6 / 28 day(s)
ADALIMUMAB-BWWD	2	QL 6 / 28 day(s)
ADALIMUMAB-FKJP (2 PEN)	1	QL 6 / 28 day(s) PA
ADALIMUMAB-FKJP (2 SYRINGE) 20 MG/0.4ML PREF SY KT	1	QL 2 / 28 day(s) PA
ADALIMUMAB-FKJP (2 SYRINGE) 40 MG/0.8ML PREF SY KT	1	QL 6 / 28 day(s) PA
ADALIMUMAB-RYVK (1 PEN)	2	QL 3 / 28 day(s) PA
ADALIMUMAB-RYVK (2 PEN)	2	QL 6 / 28 day(s) PA
ADALIMUMAB-RYVK (2 SYRINGE)	2	QL 6 / 28 day(s) PA
AMJEVITA (AMJEVITA 10 MG/0.2ML SOLN PRSYR, AMJEVITA 40 MG/0.8ML SOLN A-INJ, AMJEVITA 40 MG/0.8ML SOLN PRSYR)	2	
AMJEVITA (AMJEVITA 20 MG/0.2ML SOLN PRSYR, AMJEVITA 80 MG/0.8ML SOLN A-INJ)	2	QL 3 / 28 day(s)
AMJEVITA (AMJEVITA 40 MG/0.4ML SOLN A-INJ, AMJEVITA 40 MG/0.4ML SOLN PRSYR)	2	QL 6 / 28 day(s)
AMJEVITA-PED 15KG TO <30KG 20 MG/0.2ML SOLN PRSYR	2	QL 3 / 28 day(s)
AMJEVITA-PED 15KG TO <30KG 20 MG/0.4ML SOLN PRSYR	2	
ASTAGRAF XL	2	
AVSOLA	1	PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
azasan	2	
azathioprine (azathioprine 75 mg tab, azathioprine 100 mg tab)	2	
azathioprine 50 mg tab	1	
CELLCEPT (CELLCEPT 200 MG/ML RECON SUSP, CELLCEPT 250 MG CAP, CELLCEPT 500 MG TAB)	2	
CIMZIA	2	
CIMZIA (2 SYRINGE)	2	
CIMZIA-STARTER	2	QLC 1 starter pack/lifetime
cyclosporine (cyclosporine 25 mg cap, cyclosporine 100 mg cap)	1	
cyclosporine modified (cyclosporine modified 25 mg cap, cyclosporine modified 50 mg cap, cyclosporine modified 100 mg cap, cyclosporine modified 100 mg/ml solution)	1	
CYLTEZO (2 PEN)	2	
CYLTEZO (2 SYRINGE)	2	
CYLTEZO-CD/UC/HS STARTER	2	
CYLTEZO-PSORIASIS/UV STARTER	2	
ENBREL	1	PA
ENBREL MINI	1	QL 8 / 28 days PA
ENBREL SURECLICK	1	PA
ENVARSUS XR	2	
everolimus (everolimus 0.25 mg tab, everolimus 0.5 mg tab, everolimus 0.75 mg tab, everolimus 1 mg tab)	2	
gengraf (gengraf 25 mg cap, gengraf 100 mg cap, gengraf 100 mg/ml solution)	2	
HADLIMA 40 MG/0.4ML SOLN PRSYR	2	QL 6 / 28 day(s)
HADLIMA 40 MG/0.8ML SOLN PRSYR	1	QL 6 / 28 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HADLIMA PUSHTOUCH 40 MG/0.4ML SOLN A-INJ	2	QL 6 / 28 day(s)
HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ	1	QL 6 / 28 day(s) PA
HULIO (2 PEN)	2	
HULIO (2 SYRINGE)	2	
HUMIRA	2	QL 2 / 28 days
HUMIRA (1 PEN)	2	QL 3 / 28 days
HUMIRA (2 PEN) (HUMIRA (2 PEN) 40 MG/0.4ML AUT-IJ KIT, HUMIRA (2 PEN) 40 MG/0.8ML AUT-IJ KIT)	2	QL 6 / 28 day(s)
HUMIRA (2 PEN) 80 MG/0.8ML AUT-IJ KIT	2	QL 3 / 28 days
HUMIRA (2 SYRINGE)	2	QL 2 / 28 days
HUMIRA-CD/UC/HS STARTER 40 MG/0.8ML AUT-IJ KIT	2	QL 6 / 28 day(s)
HUMIRA-CD/UC/HS STARTER 80 MG/0.8ML AUT-IJ KIT	2	QL 3 / 28 days
HUMIRA-PED<40KG CROHNS STARTER	2	QL 2 / 28 days
HUMIRA-PED>/=40KG CROHNS START	2	QL 3 / 28 days
HUMIRA-PSORIASIS/UVEIT STARTER	2	QL 3 / 28 days
HYRIMOZ	2	
HYRIMOZ-CROHNS/UC STARTER	2	
HYRIMOZ-CROHNS/UC STARTER PACK	2	
HYRIMOZ-PED CROHNS STARTER	2	
HYRIMOZ-PLAQ PSOR/UVEIT START	2	
HYRIMOZ-PLAQUE PSORIASIS START	2	
IDACIO (2 PEN)	2	
IDACIO (2 SYRINGE)	2	QL 3 / 28 day(s)
IDACIO-CROHNS/UC STARTER	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IDACIO-PSORIASIS STARTER	2	
IMURAN	2	
INFLECTRA	2	
INFLIXIMAB	1	PA
JYLAMVO	2	
leflunomide 10 mg tab	1	QL 30 / 30 days
leflunomide 20 mg tab	1	QL 150 / 30 days
LUPKYNIS	2	QL 180 / 30 days
METHOTREXATE 1000 MG/40ML SOLUTION	1	
methotrexate sodium (methotrexate sodium 1 gm recon soln, methotrexate sodium 2.5 mg tab, methotrexate sodium 50 mg/2ml solution, methotrexate sodium 250 mg/10ml solution)	1	
methotrexate sodium (pf) (methotrexate sodium (pf) 1 gm/40ml solution, methotrexate sodium (pf) 50 mg/2ml solution, methotrexate sodium (pf) 250 mg/10ml solution, methotrexate sodium (pf) 1000 mg/40ml solution)	1	
mycophenolate mofetil (mycophenolate mofetil 200 mg/ml recon susp, mycophenolate mofetil 250 mg cap, mycophenolate mofetil 500 mg tab)	1	
mycophenolate sodium 180 mg tab dr	1	QL 240 / 30 days
mycophenolate sodium 360 mg tab dr	1	QL 120 / 30 days
mycophenolic acid 180 mg tab dr	1	QL 240 / 30 days
mycophenolic acid 360 mg tab dr	1	QL 120 / 30 days
MYFORTIC 180 MG TAB DR	2	QL 240 / 30 days
MYFORTIC 360 MG TAB DR	2	QL 120 / 30 days
MYHIBBIN	2	
NEORAL (NEORAL 25 MG CAP, NEORAL 100 MG CAP, NEORAL 100 MG/ML SOLUTION)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORENCIA 250 MG RECON SOLN	1	PA
OTREXUP	2	QLC 1.6 mL/28 days
PROGRAF (PROGRAF 0.2 MG PACKET, PROGRAF 0.5 MG CAP, PROGRAF 1 MG CAP, PROGRAF 1 MG PACKET, PROGRAF 5 MG CAP)	2	
RAPAMUNE (RAPAMUNE 0.5 MG TAB, RAPAMUNE 1 MG TAB, RAPAMUNE 1 MG/ML SOLUTION, RAPAMUNE 2 MG TAB)	1	
RASUVO 10 MG/0.2ML SOLN A-INJ	2	QLC 0.8 mL/28 days
RASUVO 12.5 MG/0.25ML SOLN A-INJ	2	QLC 1 mL/28 days
RASUVO 15 MG/0.3ML SOLN A-INJ	2	QLC 1.2 mL/28 days
RASUVO 17.5 MG/0.35ML SOLN A-INJ	2	QLC 1.4 mL/28 days
RASUVO 20 MG/0.4ML SOLN A-INJ	2	QLC 1.6 mL/28 days
RASUVO 22.5 MG/0.45ML SOLN A-INJ	2	QLC 1.8 mL/28 days
RASUVO 25 MG/0.5ML SOLN A-INJ	2	QLC 2 mL/28 days
RASUVO 30 MG/0.6ML SOLN A-INJ	2	QLC 2.4 mL/28 days
RASUVO 7.5 MG/0.15ML SOLN A-INJ	2	QLC 0.6 mL/28 days
REDITREX	2	
REMICADE	2	PA
RENFLEXIS	2	
REZUROCK	2	QL 30 / 30 days
SANDIMMUNE (SANDIMMUNE 25 MG CAP, SANDIMMUNE 100 MG CAP)	2	
SANDIMMUNE 100 MG/ML SOLUTION	1	
SIMLANDI (1 PEN) 40 MG/0.4ML AUT-IJ KIT	1	QL 6 / 28 day(s) PA
SIMLANDI (1 PEN) 80 MG/0.8ML AUT-IJ KIT	1	QL 3 / 28 day(s) PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SIMLANDI (1 SYRINGE)	1	PA
SIMLANDI (2 PEN)	1	QL 6 / 28 day(s) PA
SIMLANDI (2 SYRINGE) 20 MG/0.2ML PREF SY KT	1	PA
SIMLANDI (2 SYRINGE) 40 MG/0.4ML PREF SY KT	1	QL 6 / 28 day(s) PA
SIMPONI	1	PA
SIMPONI ARIA	2	
sirolimus (sirolimus 0.5 mg tab, sirolimus 1 mg tab, sirolimus 1 mg/ml solution, sirolimus 2 mg tab)	1	
SPEVIGO	2	
tacrolimus (tacrolimus 0.5 mg cap, tacrolimus 1 mg cap, tacrolimus 5 mg cap)	1	
TREXALL	2	
XATMEP	2	
YUFLYMA (1 PEN)	2	PA
YUFLYMA (2 PEN)	2	PA
YUFLYMA (2 SYRINGE)	2	PA
YUFLYMA-CD/UC/HS STARTER	2	PA
YUSIMRY	2	QL 6 / 28 day(s)
ZORTRESS	2	
ZYMFENTRA (1 PEN)	2	
ZYMFENTRA (2 PEN)	2	
ZYMFENTRA (2 SYRINGE)	2	
VACCINES		
ADACEL	1	
AFLURIA QUADRIVALENT	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BOOSTRIX	1	
ENGERIX-B	1	
FLUAD	1	
FLUARIX QUADRIVALENT	1	
FLUBLOK QUADRIVALENT	1	
FLUCELVAX QUADRIVALENT	1	
FLULAVAL QUADRIVALENT	1	
FLUZONE HIGH-DOSE	1	
FLUZONE QUADRIVALENT	1	
HAVRIX	1	
PNEUMOVAX 23	1	
PREVNAR 13	1	QL 1 / lifetime
RECOMBIVAX HB	1	
SHINGRIX 50 MCG/0.5ML RECON SUSP	1	QL 2 / lifetime
TWINRIX	1	
VAQTA	1	
INFLAMMATORY BOWEL DISEASE AGENTS		
AMINOSALICYLATES		
ASACOL HD	2	QL 180 / 30 days
AZULFIDINE	2	
AZULFIDINE EN-TABS	2	
balsalazide disodium	1	QL 270 / 30 days
CANASA	2	QL 30 / 30 days
COLAZAL	2	
DELZICOL	1	QL 180 / 30 days
DIPENTUM	2	
LIALDA	2	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mesalamine 1.2 gm tab dr	1	QL 4 / 1 days
mesalamine 1000 mg suppos	1	QL 30 / 30 days
mesalamine 4 gm enema	1	QL 1800 / 30 day(s)
mesalamine 400 mg cap dr	1	QL 180 / 30 days
mesalamine 800 mg tab dr	2	QL 180 / 30 days
mesalamine er 0.375 gm cap er 24h	1	QL 120 / 30 days
mesalamine er 500 mg cap er	2	
mesalamine-cleanser	2	
PENTASA	1	QL 240 / 30 days
ROWASA	2	
SFROWASA	2	
sulfasalazine (sulfasalazine 500 mg tab, sulfasalazine 500 mg tab dr)	1	QL 360 / 30 days
GLUCOCORTICOIDS		
ALKINDI SPRINKLE	2	
budesonide (budesonide 2 mg foam, budesonide 2 mg/act foam)	2	
budesonide 3 mg cp dr part	1	QL 90 / 30 day(s)
budesonide er	1	QL 30 / 30 day(s)
CORTEF	2	
EOHILIA	2	
hydrocortisone (hydrocortisone 5 mg tab, hydrocortisone 10 mg tab, hydrocortisone 20 mg tab)	1	QL 12 / 1 days
hydrocortisone 100 mg/60ml enema	1	QL 240 / 1 days
KHINDIVI	2	
ORTIKOS	2	
UCERIS 2 MG/ACT FOAM	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UCERIS 9 MG TAB ER 24H	2	QL 30 / 30 day(s)
METABOLIC BONE DISEASE AGENTS		
ACTONEL 150 MG TAB	2	QL 1 / 28 days
ACTONEL 35 MG TAB	2	QL 4 / 28 days
alendronate sodium (alendronate sodium 35 mg tab, alendronate sodium 70 mg tab)	1	QL 4 / 28 days
alendronate sodium 10 mg tab	1	QL 30 / 30 days
alendronate sodium 70 mg/75ml solution	2	QL 10.7 / 1 days
aqueous vitamin d	1	QL 150 / 30 days
ATELVIA	2	
BILDYOS	2	
BILPREVDA	2	
BINOSTO	2	
BOMYNTRA	2	
BONIVA	2	
BONSITY	2	
BOSAYA	2	
bprotected pedia d-vite	1	QL 150 / 30 days
calcitonin (salmon)	2	
calcitriol (calcitriol 0.25 mcg cap, calcitriol 0.5 mcg cap)	1	
calcitriol 1 mcg/ml solution	2	QL 60 / 30 days
CALCITRIOL INJ 1 MCG/ML	2	
calcitriol oral soln 1 mcg/ml	2	QL 60 / 30 days
cinacalcet hcl	1	QL 60 / 30 days
CONEXXENCE	2	
d-1000	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
d-1000 extra strength	1	
d-vi-sol	1	QL 150 / 30 days
d-vite pediatric	1	QL 150 / 30 days
d3-1000 25 mcg (1000 ut) tab	1	
dialyvite vitamin d 5000	1	
doxercalciferol (doxercalciferol 0.5 mcg cap, doxercalciferol 1 mcg cap, doxercalciferol 2.5 mcg cap)	2	
doxercalciferol 4 mcg/2ml solution	1	
ENOBY	2	
ergocalciferol 1.25 mg (50000 ut) cap	1	QL 8 / 30 days
EVENITY	2	
FORTEO	2	
FOSAMAX	2	
FOSAMAX PLUS D	2	
ft vitamin d3 25 mcg (1000 ut) tab	1	
gnp vitamin d 25 mcg (1000 ut) tab	1	
gnp vitamin d3 extra strength	1	
HECTOROL	1	
hm vitamin d3	1	
ibandronate sodium 150 mg tab	1	QL 1 / 30 days
ibandronate sodium 3 mg/3ml solution	2	
JUBBONTI	1	PA
MIACALCIN	2	
nat-rul vitamin d 25 mcg (1000 ut) tab	1	
OSENVELT	2	
OSPOMYV	2	
PAMIDRONATE DISODIUM (PAMIDRONATE DISODIUM 6 MG/ML SOLUTION, PAMIDRONATE DISODIUM 90 MG/10ML SOLUTION)	1	QLC 10 mL/fill

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pamidronate disodium 30 mg/10ml solution	1	QLC 30 mL/fill
paricalcitol (paricalcitol 1 mcg cap, paricalcitol 2 mcg cap, paricalcitol 4 mcg cap)	2	
paricalcitol (paricalcitol 2 mcg/ml solution, paricalcitol 5 mcg/ml solution)	1	
pharmacist choice d-vitamin	1	QL 150 / 30 days
PROLIA	2	QL 1 / 180 days
qc vitamin d3 25 mcg (1000 ut) tab	1	
ra vitamin d-3 25 mcg (1000 ut) tab	1	
RAYALDEE	2	
RECLAST	2	QL 100 mL / 365 day(s)
risedronate sodium (risedronate sodium 5 mg tab, risedronate sodium 30 mg tab)	2	QL 30 / 30 days
risedronate sodium 150 mg tab	2	QL 1 / 28 days
risedronate sodium 35 mg tab	2	QL 4 / 28 days
risedronate sodium 35 mg tab dr	2	
ROCALTROL (ROCALTROL 0.25 MCG CAP, ROCALTROL 0.5 MCG CAP)	2	
ROCALTROL 1 MCG/ML SOLUTION	2	QL 60 / 30 days
sm vitamin d3 25 mcg (1000 ut) tab	1	
STOBOCLO	2	
teriparatide	2	
true vitamin d3 (true vitamin d3 125 mcg (5000 ut) cap, true vitamin d3 25 mcg (1000 ut) tab)	1	
TYMLOS	2	
vitamin d (cholecalciferol) 25 mcg (1000 ut) tab	1	
vitamin d (ergocalciferol) (vitamin d (ergocalciferol) 1.25 mg (50000 ut) cap, vitamin d (ergocalciferol) 50000 unit cap)	1	QL 8 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
vitamin d 10 mcg/ml liquid	1	QL 150 / 30 days
vitamin d 25 mcg (1000 ut) tab	1	
vitamin d infant	1	QL 150 / 30 days
vitamin d-1000 max st	1	
vitamin d3 (vitamin d3 125 mcg (5000 ut) cap, vitamin d3 25 mcg tab)	1	
vitamin d3 10 mcg/ml liquid	1	QL 150 / 30 days
well vitamin d3 125 mcg (5000 ut) cap	1	
WYOST	1	PA
XGEVA	2	QLC 5.1 mL/28 days
XTRENBO	2	
ZEMPLAR (ZEMPLAR 1 MCG CAP, ZEMPLAR 2 MCG CAP, ZEMPLAR 2 MCG/ML SOLUTION, ZEMPLAR 5 MCG/ML SOLUTION)	2	
ZOLEDRONIC ACID 4 MG/100ML SOLUTION	1	QL 400 Ml / 28 day(s)
zoledronic acid 4 mg/5ml conc	1	QL 20 mL / 28 day(s)
zoledronic acid 5 mg/100ml solution	1	QL 100 mL / 365 day(s)
MISCELLANEOUS THERAPEUTIC AGENTS		
1ST TIER UNILET COMFORTOUCH	1	QL 200 / 30 days
ACCU-CHEK AVIVA PLUS STRIP	2	
ACCU-CHEK AVIVA PLUS W/DEVICE KIT	2	QL 1 / 365 days
ACCU-CHEK FASTCLIX LANCETS	1	QL 200 / 30 days
ACCU-CHEK GUIDE	1	QL 1 / 365 days
ACCU-CHEK GUIDE ME	1	QL 1 / 365 days
ACCU-CHEK GUIDE TEST	1	QL 150 / 30 DAYS
ACCU-CHEK SAFE-T PRO LANCETS	1	QL 200 / 30 days
ACCU-CHEK SMARTVIEW	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACCU-CHEK SOFTCLIX LANCETS	1	QL 200 / 30 days
ACCUTREND GLUCOSE	2	
ACTI-LANCE 28G	1	QL 200 / 30 days
ACTI-LANCE LITE LANCETS 28G	1	QL 200 / 30 days
ACTI-LANCE SPECIAL LANCETS 17G	1	QL 200 / 30 days
ACTI-LANCE UNIVERSAL 23G	1	QL 200 / 30 days
ADVANCED MOBILE LANCET	1	QL 200 / 30 days
ADVANTAGE SAFETY LANCETS 28G	1	QL 200 / 30 days
ADVOCATE ALCOHOL PREP PADS	1	
ADVOCATE BLOOD GLUCOSE MONITOR	2	QL 1 / 365 days
ADVOCATE BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
ADVOCATE INSULIN SYRINGE (ADVOCATE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ADVOCATE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ADVOCATE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ADVOCATE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
ADVOCATE LANCETS	1	QL 200 / 30 days
ADVOCATE LANCETS 30G	1	QL 200 / 30 days
ADVOCATE REDI-CODE STRIP	2	
ADVOCATE REDI-CODE (ADVOCATE REDI-CODE DEVICE, ADVOCATE REDI-CODE W/DEVICE KIT)	2	QL 1 / 365 days
ADVOCATE REDI-CODE+	2	QL 1 / 365 days
ADVOCATE REDI-CODE+ TEST	2	
ADVOCATE SAFETY LANCETS	1	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 21G	1	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 23G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADVOCATE SAFETY LANCETS 26G	1	QL 200 / 30 days
ADVOCATE SAFETY LANCETS 28G	1	QL 200 / 30 days
ADVOCATE TEST	2	
AEROCHAMBER MV	1	
AEROCHAMBER PLUS FLO-VU	1	
AEROCHAMBER PLUS FLO-VU INTERM	1	
AEROCHAMBER PLUS FLO-VU LARGE	1	
AEROCHAMBER PLUS FLO-VU MEDIUM	1	
AEROCHAMBER PLUS FLO-VU SMALL	1	
AEROCHAMBER PLUS FLO-VU W/MASK	1	
AEROCHAMBER PLUS FLOW VU	1	
AEROCHAMBER W/FLOWSIGNAL	1	
AEROCHAMBER Z-STAT PLUS CHAMBR	1	
AEROCHAMBER Z-STAT PLUS/LARGE	1	
AEROCHAMBER Z-STAT PLUS/MEDIUM	1	
AEROCHAMBER2GO ANTI-STATIC	1	
AEROECLIPSE II NEBULIZER	1	
AGAMATRIX AMP	2	QL 1 / 365 days
AGAMATRIX AMP TEST	2	
AGAMATRIX JAZZ TEST	2	
AGAMATRIX JAZZ WIRELESS 2	2	QL 1 / 365 days
AGAMATRIX PRESTO	2	QL 1 / 365 days
AGAMATRIX PRESTO PRO METER	2	QL 1 / 365 days
AGAMATRIX PRESTO TEST	2	
AGAMATRIX ULTRA-THIN LANCETS	1	QL 200 / 30 days
AIMSCO TWIST LANCETS 32G	1	QL 200 / 30 days
AIMSCO TWIST LANCETS 33G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALCOH-GLOVE CONTOURED WIPE	1	
ALCOHOL PADS	1	
ALCOHOL PREP	1	
ALCOHOL PREP PADS	1	
ALCOHOL SWABS	1	
ALCOHOL SWABSTICK	1	
alcohol wipes	1	
AQ INSULIN SYRINGE	1	
AQUALANCE LANCETS 30G	1	QL 200 / 30 days
ARGYLE STERILE WATER	1	
ASSURE 4 TEST	2	
ASSURE COMFORT LANCETS 28G	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS HIGH	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS LOW	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS MICRO	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS NORMAL	1	QL 200 / 30 days
ASSURE HAEMOLANCE PLUS PED	1	QL 200 / 30 days
ASSURE LANCE LANCETS	1	QL 200 / 30 days
ASSURE LANCE LANCETS 21G	1	QL 200 / 30 days
ASSURE LANCE PLUS SAFETY 25G	1	QL 200 / 30 days
ASSURE LANCE PLUS SAFETY 30G	1	QL 200 / 30 days
ASSURE LANCE SAFETY LANCET 28G	1	QL 200 / 30 days
ASSURE PLATINUM	2	
ASSURE PLATINUM METER	2	QL 1 / 365 days
ASSURE PRISM MULTI METER	2	QL 1 / 365 days
ASSURE PRISM MULTI TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ASSURE TITANIUM	2	
ASSURE TITANIUM BLOOD GLUCOSE	2	
AUM ALCOHOL PREP PADS	1	
AURORA LANCET SUPER THIN 30G	1	QL 200 / 30 days
AURORA LANCET THIN 23G	1	QL 200 / 30 days
BD BLUNT FILL NEEDLE 18G X 1" MISC	1	
BD ECLIPSE SYRINGE/NEEDLE 23G X 1" 3 ML MISC	1	
BD HYPODERMIC NEEDLE 18G X 1" MISC	1	
BD INSULIN SYRINGE (BD INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE 29G X 1/2" 1 ML MISC)	1	
BD INSULIN SYRINGE ULTRAFINE (BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML MISC, BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML MISC)	1	
BD INTEGRA SYRINGE 23G X 1" 3 ML MISC	1	
BD LUER-LOK SYRINGE 23G X 1" 3 ML MISC	1	
BD MICROTAINER LANCETS	1	QL 200 / 30 days
BD SAFETYGLIDE INSULIN SYRINGE (BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, BD SAFETYGLIDE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC)	1	
BD SWAB SINGLE USE REGULAR	1	
BD SWABS SINGLE USE BUTTERFLY	1	
BD SYRINGE/NEEDLE 23G X 1" 3 ML MISC	1	
BIOTEL CARE BLOOD GLUCOSE	2	QL 1 / 365 days
BIOTEL CARE TEST STRIPS	2	
BLOOD GLUCOSE MONITOR SYSTEM	2	QL 1 / 365 days
BLOOD GLUCOSE MONITORING 333	2	QL 1 / 365 days
BLOOD GLUCOSE TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BLOOD GLUCOSE TEST STRIPS 333	2	
BLULINK GLUCOSE MONITORING SYS	2	QL 1 / 365 days
BLULINK GLUCOSE TEST	2	
CAREONE BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
CAREONE BLOOD GLUCOSE TEST	2	
CAREONE INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	
CAREONE LANCET SUPER THIN 30G	1	QL 200 / 30 days
CAREONE LANCET THIN 23G	1	QL 200 / 30 days
CAREPOINT POLY HUB NEEDLE 18G X 1" MISC	1	
CAREPOINT SAFETY1ST SYR/NEEDLE 23G X 1" 3 ML MISC	1	
CAREPOINT SYRINGE LUER LOCK 23G X 1" 3 ML MISC	1	
CARESENS LANCETS	1	QL 200 / 30 days
CARESENS LANCETS 30G	1	QL 200 / 30 days
CARESENS N FELIZ	2	QL 1 / 365 days
CARESENS N FELIZ BT	2	QL 1 / 365 days
CARESENS N GLUCOSE SYSTEM	2	QL 1 / 365 days
CARESENS N GLUCOSE TEST	2	
CARESENS S FIT BLOOD GLUC MON	2	QL 1 / 365 days
CARESENS S FIT BT BLOOD GLUC	2	QL 1 / 365 days
CARESENS S GLUCOSE TEST	2	
CARETOUCH ALCOHOL PREP	1	
CARETOUCH INSULIN SYRINGE (CARETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, CARETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, CARETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
CARETOUCH LUER LOCK 23G X 1" 3 ML MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARETOUCH MONITOR SYSTEM	2	QL 1 / 365 days
CARETOUCH SAFETY LANCETS	1	QL 200 / 30 days
CARETOUCH SAFETY LANCETS 26G	1	QL 200 / 30 days
CARETOUCH TEST	2	
CARETOUCH TWIST LANCETS 28G	1	QL 200 / 30 days
CARETOUCH TWIST LANCETS 30G	1	QL 200 / 30 days
CARETOUCH TWIST LANCETS 33G	1	QL 200 / 30 days
CARETOUCH TWIST MC LANCETS 30G	1	QL 200 / 30 days
CEQUR SIMPLICITY 2U	1	
CEQUR SIMPLICITY INSERTER	1	
CHOSEN LANCETS 30G	1	QL 200 / 30 days
CHOSEN SAFETY LANCETS 28G	1	QL 200 / 30 days
CLEANLET LANCETS 28G	1	QL 200 / 30 days
CLEVER CHEK AUTO-CODE	2	
CLEVER CHEK AUTO-CODE SYSTEM	2	QL 1 / 365 days
CLEVER CHEK AUTO-CODE TEST	2	
CLEVER CHEK AUTO-CODE VOICE DEVICE	2	QL 1 / 365 days
CLEVER CHEK AUTO-CODE VOICE STRIP	2	
CLEVER CHEK LANCETS	1	QL 200 / 30 days
CLEVER CHEK SYSTEM	2	QL 1 / 365 days
CLEVER CHEK TEST	2	
CLEVER CHOICE AUTO-CODE SYSTEM	2	QL 1 / 365 days
CLEVER CHOICE AUTO-CODE TEST	2	
CLEVER CHOICE COMFORT EZ MISC	1	QL 200 / 30 days
CLEVER CHOICE LANCETS 21G	1	QL 200 / 30 days
CLEVER CHOICE LANCETS 23G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLEVER CHOICE LANCETS 28G	1	QL 200 / 30 days
CLEVER CHOICE MICRO SYSTEM	2	QL 1 / 365 days
CLEVER CHOICE MICRO TEST	2	
CLEVER CHOICE MINI SYSTEM	2	QL 1 / 365 days
CLEVER CHOICE NO CODING	2	
CLEVER CHOICE TALK SYSTEM DEVICE	2	QL 1 / 365 days
CLEVER CHOICE TALK SYSTEM STRIP	2	
COAGUCHEK LANCETS	1	QL 200 / 30 days
COMFORT ASSURED LANCETS 28G	1	QL 200 / 30 days
COMFORT ASSURED LANCETS 33G	1	QL 200 / 30 days
COMFORT EZ INSULIN SYRINGE (COMFORT EZ INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, COMFORT EZ INSULIN SYRINGE 29G X 1/2" 1 ML MISC, COMFORT EZ INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, COMFORT EZ INSULIN SYRINGE 30G X 5/16" 1 ML MISC, COMFORT EZ INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
COMFORT LANCETS	1	QL 200 / 30 days
COMFORT TOUCH ALCOHOL PREP	1	
COMFORT TOUCH LANCETS 31G	1	QL 200 / 30 days
COMFORT TOUCH PLUS LANCETS 28G	1	QL 200 / 30 days
COMFORT TOUCH PLUS LANCETS 30G	1	QL 200 / 30 days
COMFORT TOUCH TWIST LANCET 30G	1	QL 200 / 30 days
COMP AIR COMPRESSOR NEBULIZER	1	
COMPACT SPACE CHAMBER	1	
COMPACT SPACE CHAMBER/LG MASK	1	
COMPACT SPACE CHAMBER/MED MASK	1	
COMPACT SPACE CHAMBER/SM MASK	1	
CONTOUR BLOOD GLUCOSE SYSTEM	1	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CONTOUR MONITOR	1	QL 1 / 365 days
CONTOUR NEXT EZ	1	QL 1 / 365 days
CONTOUR NEXT GEN MONITOR	1	QL 1 / 365 days
CONTOUR NEXT LINK	2	QL 1 / 365 days
CONTOUR NEXT MONITOR	1	QL 1 / 365 days
CONTOUR NEXT ONE	1	QL 1 / 365 days
CONTOUR NEXT TEST	1	QL 150 / 30 DAYS
CONTOUR PLUS BLUE	1	QL 1 / 365 days
CONTOUR PLUS TEST	1	
CONTOUR TEST	1	QL 150 / 30 DAYS
COOL BLOOD GLUCOSE TEST STRIPS	2	
COOL MIST HUMIDIFIER	1	
COOL MIST HUMIDIFIER 1 GALLON	1	
COOL MIST HUMIDIFIER 1.2 GAL	1	
COOL MONITOR	2	QL 1 / 365 days
COOL MONITOR KIT	2	QL 1 / 365 days
CURITY ALCOHOL PREPS	1	
CVS ADVANCED GLUCOSE TEST	2	
CVS ALCOHOL PREP PADS	1	
CVS BLOOD GLUCOSE METER	2	QL 1 / 365 days
CVS GLUCOSE METER TEST STRIPS	2	
cvs isopropyl alcohol wipes	1	
CVS LANCETS 21G	1	QL 200 / 30 days
CVS LANCETS MICRO THIN 33G	1	QL 200 / 30 days
CVS LANCETS ORIGINAL	1	QL 200 / 30 days
CVS LANCETS THIN 26G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CVS LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
CVS LANCETS ULTRA-THIN 30G	1	QL 200 / 30 days
CVS PREP	1	
CVS TRUE METRIX GLUCOSE TEST	2	
CVS ULTRA THIN LANCETS	1	QL 200 / 30 days
DEXCOM G6 RECEIVER	1	QL 1 / 365 day(s) PA
DEXCOM G6 TRANSMITTER	1	QL 1 / 90 day(s) PA
DEXCOM G7 RECEIVER	1	QL 1 / 365 day(s) PA
DIATHRIVE LANCET ULTRA THIN 30	1	QL 200 / 30 days
DIATHRIVE LANCETS	1	QL 200 / 30 days
DIATRUE PLUS BLOOD GLUCOSE	2	QL 1 / 365 days
DIATRUE PLUS TEST	2	
DROPLET INSULIN SYRINGE (DROPLET INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, DROPLET INSULIN SYRINGE 29G X 1/2" 1 ML MISC, DROPLET INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, DROPLET INSULIN SYRINGE 30G X 5/16" 1 ML MISC, DROPLET INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
DROPLET LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
DROPLET PERSONAL LANCETS 30G	1	QL 200 / 30 days
DROPSAFE ACTI-LANCE 23G	1	QL 200 / 30 days
DROPSAFE ALCOHOL PREP	1	
DROPSAFE MEDLANCE LANCET 30G	1	QL 200 / 30 days
DROPSAFE SAFETY SYRINGE/NEEDLE (DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML MISC, DROPSAFE SAFETY SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DRUG MART LANCETS THIN 26G	1	QL 200 / 30 days
DRUG MART ON-THE-GO LANCET 30G	1	QL 200 / 30 days
DRUG MART UNILET LANCETS 28G	1	QL 200 / 30 days
DRUG MART UNILET LANCETS 30G	1	QL 200 / 30 days
DRUG MART UNILET LANCETS 33G	1	QL 200 / 30 days
DUROLANE	1	QL 6 / 180 days PA
E-Z JECT LANCET MICRO-THIN 33G	1	QL 200 / 30 days
E-Z JECT LANCET SUPER THIN 30G	1	QL 200 / 30 days
E-Z JECT LANCETS	1	QL 200 / 30 days
E-Z JECT LANCETS 21G	1	QL 200 / 30 days
E-Z JECT LANCETS THIN 26G	1	QL 200 / 30 days
EASIVENT	1	
EASIVENT MASK LARGE	1	
EASIVENT MASK MEDIUM	1	
EASIVENT MASK SMALL	1	
EASY COMFORT ALCOHOL PADS	1	
EASY COMFORT INSULIN SYRINGE (EASY COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EASY COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EASY COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
EASY COMFORT LANCETS	1	QL 200 / 30 days
EASY COMFORT LANCETS TWIST TOP	1	QL 200 / 30 days
EASY PLUS II GLUCOSE SYSTEM	2	QL 1 / 365 days
EASY PLUS II GLUCOSE TEST	2	
EASY STEP GLUCOSE MONITOR	2	QL 1 / 365 days
EASY STEP TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TALK BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
EASY TALK BLOOD GLUCOSE TEST	2	
EASY TALK PLUS II TEST STRIPS	2	
EASY TOUCH ALCOHOL PREP MEDIUM	1	
EASY TOUCH FLIPLOCK INSULIN SY (EASY TOUCH FLIPLOCK INSULIN SY 29G X 1/2" 1 ML MISC, EASY TOUCH FLIPLOCK INSULIN SY 30G X 5/16" 1 ML MISC, EASY TOUCH FLIPLOCK INSULIN SY 31G X 5/16" 1 ML MISC)	1	
EASY TOUCH FLIPLOCK NEEDLES 18G X 1" MISC	1	
EASY TOUCH FLIPLOCK SAFETY SYR 23G X 1" 3 ML MISC	1	
EASY TOUCH GLUCOSE SYSTEM	2	QL 1 / 365 days
EASY TOUCH HYPODERMIC NEEDLE 18G X 1" MISC	1	
EASY TOUCH INSULIN SAFETY SYR (EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC, EASY TOUCH INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC, EASY TOUCH INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC)	1	
EASY TOUCH INSULIN SYRINGE (EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, EASY TOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC, EASY TOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EASY TOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EASY TOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
EASY TOUCH LANCETS 21G	1	QL 200 / 30 days
EASY TOUCH LANCETS 23G	1	QL 200 / 30 days
EASY TOUCH LANCETS 26G	1	QL 200 / 30 days
EASY TOUCH LANCETS 28G	1	QL 200 / 30 days
EASY TOUCH LANCETS 28G/TWIST	1	QL 200 / 30 days
EASY TOUCH LANCETS 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASY TOUCH LANCETS 30G/TWIST	1	QL 200 / 30 days
EASY TOUCH LANCETS 32G	1	QL 200 / 30 days
EASY TOUCH LANCETS 32G/TWIST	1	QL 200 / 30 days
EASY TOUCH LANCETS 33G/TWIST	1	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 21G	1	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 23G	1	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 26G	1	QL 200 / 30 days
EASY TOUCH SAFETY LANCETS 28G	1	QL 200 / 30 days
EASY TOUCH SAFETY SYRINGE 23G X 1" 3 ML MISC	1	
EASY TOUCH SHEATHLOCK SYRINGE (EASY TOUCH SHEATHLOCK SYRINGE 23G X 1" 3 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 29G X 1/2" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 30G X 5/16" 1 ML MISC, EASY TOUCH SHEATHLOCK SYRINGE 31G X 5/16" 1 ML MISC)	1	
EASY TOUCH TEST	2	
EASY TRAK BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
EASY TRAK BLOOD GLUCOSE TEST	2	
EASY TRAK II BLOOD GLUCOSE SYS	2	QL 1 / 365 days
EASY TRAK II GLUCOSE TEST	2	
EASYGLUCO KIT	2	QL 1 / 365 days
EASYGLUCO STRIP	2	
EASYMAX 15 TEST	2	
EASYMAX NG BLOOD GLUCOSE	2	QL 1 / 365 days
EASYMAX TEST	2	
EASYMAX V BLOOD GLUCOSE	2	QL 1 / 365 days
EASYPOINT NEEDLE 18G X 1" MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EASYPOINT NEEDLE/SYRINGE 23G X 1" 3 ML MISC	1	
ELEMENT COMPACT GLUCOSE SYSTEM	2	QL 1 / 365 days
ELEMENT COMPACT TEST	2	
ELEMENT COMPACT V GLUCOSE SYS	2	QL 1 / 365 days
ELEMENT PLUS	2	QL 1 / 365 days
ELEMENT TEST	2	
EMBECTA AUTOSHIELD DUO	1	
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML MISC	1	
EMBECTA INSULIN SYRINGE U/F (EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML MISC, EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML MISC, EMBECTA INSULIN SYRINGE U/F 31G X 15/64" 1 ML MISC, EMBECTA INSULIN SYRINGE U/F 31G X 5/16" 1 ML MISC)	1	
EMBECTA PEN NEEDLE NANO	1	
EMBECTA PEN NEEDLE NANO 2 GEN	1	
EMBECTA PEN NEEDLE U/F	1	
EMBECTA PEN NEEDLE ULTRAFINE (EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM MISC, EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM MISC, EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM MISC)	1	
EMBRACE BLOOD GLUCOSE MONITOR	2	QL 1 / 365 days
EMBRACE BLOOD GLUCOSE TEST	2	
EMBRACE EVO BLOOD GLUCOSE TEST	2	
EMBRACE EVO GLUCOSE MONITOR	2	QL 1 / 365 days
EMBRACE EVO GLUCOSE MONITORING	2	QL 1 / 365 days
EMBRACE LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
EMBRACE PRESSURE ACTIVATED 21G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EMBRACE PRESSURE ACTIVATED 28G	1	QL 200 / 30 days
EMBRACE PRO GLUCOSE METER	2	QL 1 / 365 days
EMBRACE PRO GLUCOSE TEST	2	
EMBRACE TALK BLOOD GLUCOSE	2	QL 1 / 365 days
EMBRACE TALK GLUCOSE TEST	2	
EMBRACE TALK MONITORING SYSTEM	2	QL 1 / 365 days
EMBRACE WAVE GLUCOSE METER	2	QL 1 / 365 days
EQ BLOOD GLUCOSE TEST	2	
EQL ALCOHOL SWABS	1	
EQL COLOR LANCETS 21G	1	QL 200 / 30 days
EQL COLOR LANCETS MICRO 33G	1	QL 200 / 30 days
EQL INSULIN SYRINGE (EQL INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, EQL INSULIN SYRINGE 29G X 1/2" 1 ML MISC, EQL INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, EQL INSULIN SYRINGE 30G X 5/16" 1 ML MISC, EQL INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
EQL SUPER THIN LANCETS 30G	1	QL 200 / 30 days
EQL THIN LANCETS 26G	1	QL 200 / 30 days
EUFLEXXA	1	QL 12 / 180 days PA
EVERSENSE 365 SMART TRANSMIT	2	
EVERSENSE E3 SMART TRANSMITTER	2	
EVERSENSE SMART TRANSMITTER	2	
EVOLUTION AUTOCODE DEVICE	2	QL 1 / 365 days
EVOLUTION AUTOCODE STRIP	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EXEL COMFORT POINT INSULIN SYR (EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 0.5 ML MISC, EXEL COMFORT POINT INSULIN SYR 29G X 1/2" 1 ML MISC, EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 0.5 ML MISC, EXEL COMFORT POINT INSULIN SYR 30G X 5/16" 1 ML MISC)	1	
EZ-LETS LANCETS 21G	1	QL 200 / 30 days
EZ-LETS LANCETS 26G	1	QL 200 / 30 days
EZ-LETS LANCETS 28G	1	QL 200 / 30 days
EZ-LETS LANCETS 30G	1	QL 200 / 30 days
FIFTY50 ALCOHOL PREP	1	
FIFTY50 GLUCOSE METER 2.0	2	QL 1 / 365 days
FIFTY50 GLUCOSE TEST 2.0	2	
FIFTY50 SAFETY SEAL LANCETS	1	QL 200 / 30 days
FIFTY50 SUPERIOR COMFORT SYR 31G X 5/16" 1 ML MISC	1	
FIFTY50 UNILET LANCETS 33G	1	QL 200 / 30 days
FINE 30	1	QL 200 / 30 days
FINGERSTIX LANCETS	1	QL 200 / 30 days
FLAVOR PLUS	1	
FLAVOR SWEET	1	
FLAVOR SWEET DYE FREE	1	
FLAVOR SWEET SF DYE FREE	1	
FLAVOR SWEET-SF	1	
FONDCIRCLE BLOOD GLUCOSE MONIT	2	QL 1 / 365 days
FONDCIRCLE BLOOD GLUCOSE TEST	2	
FONDCIRCLE SINGLE USE LANCETS	1	QL 200 / 30 days
FORA 6 CONNECT	2	
FORA 6 CONNECT/GTEL TEST	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA BLOOD GLUCOSE TEST	2	
FORA D15G BLOOD GLUCOSE TEST	2	
FORA D20 2-IN-1 MONITOR	2	
FORA D20 BLOOD GLUCOSE TEST	2	
FORA D40/G31 BLOOD GLUCOSE	2	
FORA G20 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA G20 BLOOD GLUCOSE TEST	2	
FORA G30/PREM V10 GLUCOSE TEST	2	
FORA G30A BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA GD20 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA GD20 TEST	2	
FORA GD50 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA GD50 BLOOD GLUCOSE TEST	2	
FORA GTEL BLOOD GLUCOSE TEST	2	
FORA LANCETS	1	QL 200 / 30 days
FORA PREMIUM V10 BLE SYSTEM	2	QL 1 / 365 days
FORA TEST N' GO MONITOR	2	QL 1 / 365 days
FORA TN'G ADVANCE PRO STRIP	2	
FORA TN'G VOICE	2	QL 1 / 365 days
FORA TN'G/TN'G VOICE	2	
FORA V10 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA V10 BLOOD GLUCOSE TEST	2	
FORA V12 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA V12 BLOOD GLUCOSE TEST	2	
FORA V20 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
FORA V20 BLOOD GLUCOSE TEST	2	
FORA V30A BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA V30A BLOOD GLUCOSE TEST	2	
FORACARE GD40 MONITOR	2	QL 1 / 365 days
FORACARE GD40 TEST	2	
FORACARE PREMIUM V10	2	QL 1 / 365 days
FORACARE PREMIUM V10 TEST	2	
FORACARE TEST N GO MONITOR	2	QL 1 / 365 days
FORACARE TEST N GO TEST	2	
FORTISCARE G1 TEST STRIP	2	
FORTISCARE T1 GLUCOSE SYSTEM	2	QL 1 / 365 days
FORTISCARE TEST	2	
FREDS PHARMACY UNILET LANC 28G	1	QL 200 / 30 days
FREDS PHARMACY UNILET LANC 30G	1	QL 200 / 30 days
FREESTYLE FREEDOM LITE	2	QL 1 / 365 days
FREESTYLE INSULINX TEST	2	
FREESTYLE LANCETS	1	QL 200 / 30 days
FREESTYLE LIBRE 14 DAY READER	1	PA
FREESTYLE LIBRE 2 READER	1	PA
FREESTYLE LIBRE 3 READER	1	PA
FREESTYLE LIBRE READER	1	PA
FREESTYLE LITE	2	QL 1 / 365 days
FREESTYLE LITE TEST	2	
FREESTYLE PRECISION NEO SYSTEM	2	QL 1 / 365 days
FREESTYLE PRECISION NEO TEST	2	
FREESTYLE TEST	2	
FREESTYLE UNISTICK II LANCETS	1	QL 200 / 30 days
GE100 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GE100 BLOOD GLUCOSE TEST	2	
GEL-ONE	2	
GELSYN-3	1	QL 12 / 180 days PA
GENTEEL BUTTERFLY TOUCH LANCET	1	QL 200 / 30 days
GENTLE-LET GP LANCETS	1	QL 200 / 30 days
GENTLE-LET LANCETS	1	QL 200 / 30 days
GENVISC 850	2	QL 15 / 180 days PA
GHT BLOOD GLUCOSE MONITOR	2	QL 1 / 365 days
GHT TEST	2	
GLOBAL ALCOHOL PREP EASE	1	
GLOBAL INJECT EASE INSULIN SYR (GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 0.5 ML MISC, GLOBAL INJECT EASE INSULIN SYR 29G X 1/2" 1 ML MISC, GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 0.5 ML MISC, GLOBAL INJECT EASE INSULIN SYR 30G X 5/16" 1 ML MISC, GLOBAL INJECT EASE INSULIN SYR 31G X 5/16" 1 ML MISC)	1	
GLOBAL INJECT EASE LANCETS 28G	1	QL 200 / 30 days
GLOBAL INJECT EASE LANCETS 30G	1	QL 200 / 30 days
GLUCOCARD 01 BLOOD GLUCOSE W/DEVICE KIT	2	QL 1 / 365 days
GLUCOCARD 01 SENSOR PLUS	2	
GLUCOCARD EXPRESSION MONITOR	2	QL 1 / 365 days
GLUCOCARD EXPRESSION TEST	2	
GLUCOCARD SHINE	2	QL 1 / 365 days
GLUCOCARD SHINE CONNEX	2	QL 1 / 365 days
GLUCOCARD SHINE EXPRESS	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOCARD SHINE TEST	2	
GLUCOCARD SHINE XL	2	QL 1 / 365 days
GLUCOCARD VITAL MONITOR	2	QL 1 / 365 days
GLUCOCARD VITAL TEST	2	
GLUCOCOM BLOOD GLUCOSE MONITOR	2	QL 1 / 365 days
GLUCOCOM LANCETS 28G	1	QL 200 / 30 days
GLUCOCOM LANCETS 30G	1	QL 200 / 30 days
GLUCOCOM LANCETS 33G	1	QL 200 / 30 days
GLUCOCOM MONITOR	2	QL 1 / 365 days
GLUCOCOM TEST	2	
GLUCONAVII BLOOD GLUCOSE TEST	2	
GLUCOPRO INSULIN SYRINGE (GLUCOPRO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, GLUCOPRO INSULIN SYRINGE 30G X 5/16" 1 ML MISC, GLUCOPRO INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
GLUCOSE METER TEST	2	
GNP ALCOHOL SWABS	1	
GNP EASY TOUCH GLUCOSE METER	2	QL 1 / 365 days
GNP EASY TOUCH GLUCOSE TEST	2	
GNP INSULIN SYRINGE (GNP INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, GNP INSULIN SYRINGE 29G X 1/2" 1 ML MISC, GNP INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, GNP INSULIN SYRINGE 30G X 5/16" 1 ML MISC, GNP INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
GNP INSULIN SYRINGES	1	
GNP INSULIN SYRINGES 29GX1/2"	1	
GNP LANCETS 21G	1	QL 200 / 30 days
GNP LANCETS THIN 26G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GNP STERILE LANCETS 28G	1	QL 200 / 30 days
GNP STERILE LANCETS 30G	1	QL 200 / 30 days
GNP STERILE LANCETS 33G	1	QL 200 / 30 days
GNP TRUE METRIX AIR METER	2	QL 1 / 365 days
GNP TRUE METRIX GLUCOSE METER	2	QL 1 / 365 days
GNP TRUETRACK TEST STRIPS	2	
GOJJI BLOOD GLUCOSE TEST	2	
GOJJI BLOOD TEST STRIP/LANCETS	2	
GOJJI STERILE LANCETS	1	QL 200 / 30 days
GOODSENSE ALCOHOL SWABS	1	
GOODSENSE BLOOD GLUCOSE STRIP	2	
GOODSENSE BLOOD GLUCOSE W/DEVICE KIT	2	QL 1 / 365 days
GOODSENSE COLOR LANCETS 33G	1	QL 200 / 30 days
GOODSENSE LANCETS 26G UNIV	1	QL 200 / 30 days
GOODSENSE LANCETS 30G	1	QL 200 / 30 days
GOODSENSE LANCETS 30G UNIV	1	QL 200 / 30 days
GOODSENSE LANCETS 33G	1	QL 200 / 30 days
GOODSENSE LANCETS 33G UNIV	1	QL 200 / 30 days
GRAPE SYRUP	1	
GUARDIAN 4 TRANSMITTER	2	
GUARDIAN CONNECT TRANSMITTER	2	
GUARDIAN LINK 3 TRANSMITTER	2	
GUARDIAN REAL-TIME REPLACE PED	1	PA
H-E-B INCONTROL ALCOHOL	1	
H-E-B INCONTROL LANCETS 28G	1	QL 200 / 30 days
H-E-B INCONTROL LANCETS 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
H-E-B INCONTROL LANCETS 33G	1	QL 200 / 30 days
HAEMOLANCE	1	QL 200 / 30 days
HAEMOLANCE LOW FLOW LANCETS	1	QL 200 / 30 days
HAEMOLANCE PLUS	1	QL 200 / 30 days
HAEMOLANCE PLUS HIGH FLOW	1	QL 200 / 30 days
HAEMOLANCE PLUS LOW FLOW	1	QL 200 / 30 days
HAEMOLANCE PLUS MAX FLOW	1	QL 200 / 30 days
HAEMOLANCE PLUS PEDIATRIC FLOW	1	QL 200 / 30 days
HEALTHPRO BLOOD GLUCOSE MONITO	2	QL 1 / 365 days
HEALTHWISE INSULIN SYR/NEEDLE (HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 0.5 ML MISC, HEALTHWISE INSULIN SYR/NEEDLE 30G X 5/16" 1 ML MISC, HEALTHWISE INSULIN SYR/NEEDLE 31G X 5/16" 1 ML MISC)	1	
HEALTHY ACCENTS UNILET LANCETS	1	QL 200 / 30 days
HM EMBRACE TALK SYSTEM	2	QL 1 / 365 days
HM STERILE ALCOHOL PREP	1	
HOMENEB WITH SIDESTREAM	1	
HUMIDIFIER	1	
HW EMBRACE PRO GLUCOSE METER	2	QL 1 / 365 days
HW EMBRACE PRO GLUCOSE TEST	2	
HW EMBRACE TALK BLOOD GLUCOSE	2	QL 1 / 365 days
HW EMBRACE TALK GLUCOSE TEST	2	
HY-VEE LANCETS	1	QL 200 / 30 days
HY-VEE THIN LANCETS	1	QL 200 / 30 days
HYALGAN 20 MG/2ML SOLN PRSYR	1	QL 12 / 180 days PA

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYDROCORTISONE COMPLETE KIT	2	
HYMOVIS	2	
HYMOVIS ONE	2	
HYPODERMIC NEEDLE 18G X 1" MISC	1	
IGLUCOSE MONITORING SYSTEM	2	QL 1 / 365 days
IGLUCOSE TEST STRIPS	2	
IHEALTH BLOOD GLUCOSE TEST STR	2	
IHEALTH GLUCO+ KIT 10	2	
IN TOUCH STERILE LANCETS 30G	1	QL 200 / 30 days
INFINITY BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
INFINITY BLOOD GLUCOSE TEST	2	
INFINITY VOICE STRIP	2	
INFINITY VOICE W/DEVICE KIT	2	QL 1 / 365 days
INNOSPIRE ESSENCE NEBULIZER	1	
INSULIN SYRINGE (INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, INSULIN SYRINGE 29G X 1/2" 1 ML MISC, INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, INSULIN SYRINGE 30G X 5/16" 1 ML MISC, INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
INSULIN SYRINGE-NEEDLE U-100 (INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML MISC, INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 1 ML MISC, INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 0.5 ML MISC, INSULIN SYRINGE-NEEDLE U-100 30G X 5/16" 1 ML MISC, INSULIN SYRINGE-NEEDLE U-100 31G X 5/16" 1 ML MISC)	1	
IQIRVO	2	
isopropyl alcohol 70 % misc	1	
isopropyl alcohol wipes	1	
KAZ HEALTHMIST HUMIDIFIER	1	
KETO-DIASTIX	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KINNEY LANCETS	1	QL 200 / 30 days
KINNEY THIN LANCETS	1	QL 200 / 30 days
KINRAY INSULIN SYRINGE (KINRAY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, KINRAY INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
KROGER BLOOD GLUCOSE TEST	2	
KROGER HEALTHPRO GLUCOSE TEST	2	
KROGER HEALTHPRO LANCET 26G	1	QL 200 / 30 days
KROGER INSULIN SYRINGE (KROGER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, KROGER INSULIN SYRINGE 29G X 1/2" 1 ML MISC, KROGER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, KROGER INSULIN SYRINGE 30G X 5/16" 1 ML MISC, KROGER INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
KROGER LANCETS	1	QL 200 / 30 days
KROGER LANCETS 21G	1	QL 200 / 30 days
KROGER LANCETS MICRO THIN 33G	1	QL 200 / 30 days
KROGER LANCETS SUPER THIN	1	QL 200 / 30 days
KROGER LANCETS THIN	1	QL 200 / 30 days
KROGER LANCETS THIN 26G	1	QL 200 / 30 days
KROGER LANCETS ULTRATHIN 30G	1	QL 200 / 30 days
KROGER PREMIUM BLOOD GLUCOSE	2	QL 1 / 365 days
KROGER PREMIUM GLUCOSE TEST	2	
LANCETS	1	QL 200 / 30 days
LANCETS 28G THIN	1	QL 200 / 30 days
LANCETS 30G	1	QL 200 / 30 days
LANCETS 33G	1	QL 200 / 30 days
LANCETS MICRO THIN 33G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LANCETS SUPER THIN	1	QL 200 / 30 days
LANCETS SUPER THIN 28G	1	QL 200 / 30 days
LANCETS THIN	1	QL 200 / 30 days
LANCETS ULTRA THIN	1	QL 200 / 30 days
LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
LEADER INSULIN SYRINGE (LEADER INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, LEADER INSULIN SYRINGE 29G X 1/2" 1 ML MISC, LEADER INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, LEADER INSULIN SYRINGE 30G X 5/16" 1 ML MISC, LEADER INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
LEQSELVI	2	
LIBERTY MEDICAL LANCETS	1	QL 200 / 30 days
LITE TOUCH LANCETS	1	QL 200 / 30 days
LITETOUCH INSULIN SYRINGE (LITETOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, LITETOUCH INSULIN SYRINGE 29G X 1/2" 1 ML MISC, LITETOUCH INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, LITETOUCH INSULIN SYRINGE 30G X 5/16" 1 ML MISC, LITETOUCH INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
LITETOUCH LANCETS	1	QL 200 / 30 days
LIVDELZI	2	
LIVE BETTER LANCET SUPER THIN	1	QL 200 / 30 days
LIVE BETTER LANCET ULTRA THIN	1	QL 200 / 30 days
LONGS LANCETS STANDARD	1	QL 200 / 30 days
LONGS LANCETS THIN	1	QL 200 / 30 days
LONGS LANCETS ULTRA THIN	1	QL 200 / 30 days
LUER LOCK SAFETY SYRINGES 23G X 1" 3 ML MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAGELLAN INSULIN SAFETY SYR (MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 0.5 ML MISC, MAGELLAN INSULIN SAFETY SYR 29G X 1/2" 1 ML MISC, MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 0.5 ML MISC, MAGELLAN INSULIN SAFETY SYR 30G X 5/16" 1 ML MISC)	1	
MEDIC INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC	1	
MEDICHOICE SAFETY LANCET	1	QL 200 / 30 days
MEDICHOICE SAFETY LANCET EXTRA	1	QL 200 / 30 days
MEDICHOICE SAFETY LANCET NORM	1	QL 200 / 30 days
MEDLANCE EXTRA 21G	1	QL 200 / 30 days
MEDLANCE LITE 25G	1	QL 200 / 30 days
MEDLANCE PLUS EXTRA 21G	1	QL 200 / 30 days
MEDLANCE PLUS LANCETS	1	QL 200 / 30 days
MEDLANCE PLUS LITE 25G	1	QL 200 / 30 days
MEDLANCE PLUS SPECIAL 0.8MM	1	QL 200 / 30 days
MEDLANCE PLUS SUPERLITE 30G	1	QL 200 / 30 days
MEDLANCE PLUS UNIVERSAL 21G	1	QL 200 / 30 days
MEDLANCE UNIVERSAL 21G	1	QL 200 / 30 days
medpura alcohol pads	1	
MEIJER ALCOHOL SWABS	1	
MEIJER BLOOD GLUCOSE	2	QL 1 / 365 days
MEIJER BLOOD GLUCOSE TEST	2	
MEIJER LANCETS	1	QL 200 / 30 days
MEIJER LANCETS THIN	1	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 21G	1	QL 200 / 30 days
MEIJER LANCETS UNIVERSAL 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MEIJER LANCETS UNIVERSAL 33G	1	QL 200 / 30 days
MEIJER PREMIUM BLOOD GLUCOSE	2	QL 1 / 365 days
MEIJER SUPER THIN LANCETS	1	QL 200 / 30 days
MICRODOT BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
MICRODOT TEST	2	
MICROLET LANCETS	1	QL 200 / 30 days
MICROLET NEXT LANCETS	1	QL 200 / 30 days
MIUDELLA INTRAUTERINE COPPER	2	
MM BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
MM BLOOD GLUCOSE SYSTEM REFILL	2	QL 1 / 365 days
MM BLULINK GLUCOSE MONIT SYS	2	QL 1 / 365 days
MM BLULINK GLUCOSE TEST	2	
MM EASY TOUCH GLUCOSE	2	
MM EASY TOUCH GLUCOSE METER	2	QL 1 / 365 days
MM INSULIN SYRINGE/NEEDLE (MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 0.5 ML MISC, MM INSULIN SYRINGE/NEEDLE 30G X 5/16" 1 ML MISC, MM INSULIN SYRINGE/NEEDLE 31G X 5/16" 1 ML MISC)	1	
MM TWIST LANCETS	1	QL 200 / 30 days
MOBILE LANCETS 30G	1	QL 200 / 30 days
MOMETACURE	2	
MONOJECT HYPODERMIC NEEDLE 18G X 1" MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOJECT INSULIN SYRINGE (MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, MONOJECT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, MONOJECT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
MONOJECT MAGELLAN SAFETY NDL 18G X 1" MISC	1	
MONOJECT MAGELLAN SYRINGE 23G X 1" 3 ML MISC	1	
MONOJECT SYRINGE 23G X 1" 3 ML MISC	1	
MONOJECT ULTRA COMFORT SYRINGE (MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 0.5 ML MISC, MONOJECT ULTRA COMFORT SYRINGE 29G X 1/2" 1 ML MISC, MONOJECT ULTRA COMFORT SYRINGE 30G X 5/16" 0.5 ML MISC)	1	
MONOLET LANCETS	1	QL 200 / 30 days
MONOLET OPD LANCETS	1	QL 200 / 30 days
MONOLETTOR SAFETY LANCETS	1	QL 200 / 30 days
MONOVISC	2	
MPD SAFETY LANCET 21G	1	QL 200 / 30 days
MPD SAFETY LANCET 23G	1	QL 200 / 30 days
MPD SAFETY LANCET 28G	1	QL 200 / 30 days
MPD SAFETY LANCET 30G	1	QL 200 / 30 days
MS INSULIN SYRINGE 31G X 5/16" 1 ML MISC	1	
MX-SOL	1	
MX-SOL SF	1	
MYGLUCOHEALTH BLOOD GLUCOSE	2	QL 1 / 365 days
MYGLUCOHEALTH LANCETS 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MYGLUCOHEALTH TEST	2	
NEB 200 COMPRESSOR NEBULIZER	1	
NEUTEK 2TEK TEST	2	
NOKOR VENTED NEEDLE	1	
NOVA MAX BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
NOVA MAX GLUCOSE TEST	2	
NOVA SAFETY LANCETS 23G	1	QL 200 / 30 days
NOVA SAFETY LANCETS 28G	1	QL 200 / 30 days
NOVA SUREFLEX LANCETS	1	QL 200 / 30 days
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5)	1	
OMNIPOD 5 DEXG7G6 PODS GEN 5	1	
OMNIPOD 5 G7 INTRO (GEN 5)	1	
OMNIPOD 5 G7 PODS (GEN 5)	1	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	1	
OMNIPOD 5 LIBRE2 PLUS G6 PODS	1	
OMNIPOD CLASSIC PODS (GEN 3)	1	
OMNIPOD DASH INTRO (GEN 4)	1	
OMNIPOD DASH PDM (GEN 4)	1	
OMNIPOD DASH PODS (GEN 4)	1	
OMNIPOD GO	1	
ON CALL EXPRESS BLOOD GLUCOSE	2	
ON CALL EXPRESS MONITORING SYS	2	QL 1 / 365 days
ONETOUCH DELICA PLUS LANCET30G	1	QL 200 / 30 days
ONETOUCH DELICA PLUS LANCET33G	1	QL 200 / 30 days
ONETOUCH DELICA SAFETY LANCING	1	QL 200 / 30 days
ONETOUCH SOLUTIONS STARTER KIT	2	
ONETOUCH ULTRA	1	QL 150 / 30 DAYS

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONETOUCH ULTRA 2	1	QL 1 / 365 days
ONETOUCH ULTRA BLUE TEST	1	QL 150 / 30 DAYS
ONETOUCH ULTRA TEST	1	QL 150 / 30 DAYS
ONETOUCH ULTRASOFT 2 LANCETS	1	QL 200 / 30 days
ONETOUCH ULTRASOFT LANCETS	1	QL 200 / 30 days
ONETOUCH VERIO STRIP	1	QL 150 / 30 DAYS
ONETOUCH VERIO FLEX METER	1	QL 1 / 365 days
ONETOUCH VERIO FLEX STARTR KIT	2	QL 1 / 365 days
ONETOUCH VERIO REFLECT METER	1	QL 1 / 365 days
ONETOUCH VERIO REFLECT STR KIT	2	QL 1 / 365 days
OPTICHAMBER DIAMOND MISC	1	
OPTICHAMBER DIAMOND-LG MASK	1	
OPTICHAMBER DIAMOND-MD MASK	1	
OPTICHAMBER DIAMOND-SM MASK	1	
OPTIUMEZ TEST	2	
ORA-PLUS	1	
ORA-SWEET	1	
ORA-SWEET SF	1	
ORAL SUSPEND	1	
ORAL SYRUP	1	
ORAL SYRUP SF	1	
ORAPENN SD ANHYD SWEETENED	1	
ORAPENN SD ANYHYD UNSWEETEN	1	
ORTHOVISC	2	
PARAGARD INTRAUTERINE COPPER	1	
PARI LC PLUS NEBULIZER	1	
PC LANCETS SUPER THIN 30G	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PCCA SWEET-SF	1	
PCCA SYRUP VEHICLE	1	
PERFECT LANCETS 28G	1	QL 200 / 30 days
PERFECT LANCETS 30G	1	QL 200 / 30 days
PERFECT POINT SAFETY LANCETS	1	QL 200 / 30 days
PHARMACIST CHOICE ALCOHOL	1	
PHARMACIST CHOICE AUTOCODE	2	
PHARMACIST CHOICE AUTOCODE SYS	2	QL 1 / 365 days
PHARMACIST CHOICE LANCETS	1	QL 200 / 30 days
PHARMACIST CHOICE MINI SYSTEM	2	QL 1 / 365 days
PHARMACIST CHOICE NO CODING	2	
PHARMACY COUNTER LANCETS	1	QL 200 / 30 days
PIP BLOOD GLUCOSE MONITORING	2	QL 1 / 365 days
PIP BLOOD GLUCOSE TEST STRIP	2	
PIP LANCETS 28G	1	QL 200 / 30 days
PIP LANCETS 30G	1	QL 200 / 30 days
POGO AUTOMATIC BLOOD GLUCOSE	2	QL 1 / 365 days
POGO AUTOMATIC TEST CARTRIDGES	2	
POLY HUB NEEDLE 18G X 1" MISC	1	
PRECISION THINS GP LANCETS	1	QL 200 / 30 days
PRECISION XTRA BLOOD GLUCOSE	2	
PRECISION XTRA-GLUCOSE/KETONE	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREFERRED PLUS INSULIN SYRINGE (PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, PREFERRED PLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC, PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, PREFERRED PLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	1	
PREFERRED PLUS LANCETS COLORED	1	QL 200 / 30 days
PREFERRED PLUS LANCETS THIN	1	QL 200 / 30 days
PREMIUM BLOOD GLUCOSE TEST	2	
PRO COMFORT ALCOHOL	1	
PRO COMFORT INSULIN SYRINGE (PRO COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, PRO COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, PRO COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
PRO COMFORT LANCETS 30G	1	QL 200 / 30 days
PRO COMFORT LANCETS 31G	1	QL 200 / 30 days
PRO COMFORT SAFETY LANCETS 30G	1	QL 200 / 30 days
PRO VOICE V8 GLUCOSE SYSTEM	2	QL 1 / 365 days
PRO VOICE V8/V9 GLUCOSE	2	
PRO VOICE V9 GLUCOSE SYSTEM	2	QL 1 / 365 days
PROCHAMBER VHC	1	
PRODIGY AUTOCODE BLOOD GLUCOSE	2	QL 1 / 365 days
PRODIGY LANCETS 28G	1	QL 200 / 30 days
PRODIGY NO CODING BLOOD GLUC STRIP	2	
PRODIGY POCKET BLOOD GLUCOSE	2	QL 1 / 365 days
PRODIGY SAFETY LANCETS 26G	1	QL 200 / 30 days
PRODIGY TWIST TOP LANCETS 28G	1	QL 200 / 30 days
PRODIGY VOICE BLOOD GLUCOSE	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PSS SELECT GP LANCETS	1	QL 200 / 30 days
PSS SELECT SAFETY LANCETS	1	QL 200 / 30 days
PULMONEB LT	1	
PURE COMFORT ALCOHOL PREP	1	
PURE COMFORT LANCETS 30G	1	QL 200 / 30 days
PURE COMFORT SAFETY LANCET 30G	1	QL 200 / 30 days
PX LANCETS MICROTHIN 33G	1	QL 200 / 30 days
PX LANCETS ULTRA THIN	1	QL 200 / 30 days
PX LANCETS ULTRA THIN 28G	1	QL 200 / 30 days
qc alcohol	1	
QC ALCOHOL SWABS	1	
QC LANCETS SUPER THIN 30G	1	QL 200 / 30 days
QC LANCETS ULTRA THIN	1	QL 200 / 30 days
QC UNILET LANCETS 28G	1	QL 200 / 30 days
QC UNILET LANCETS MICRO THIN	1	QL 200 / 30 days
QUINTET AC BLOOD GLUCOSE	2	QL 1 / 365 days
QUINTET AC BLOOD GLUCOSE TEST	2	
QUINTET BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
QUINTET BLOOD GLUCOSE TEST	2	
RA ALCOHOL SWABS	1	
RA E-ZJECT LANCETS 28G	1	QL 200 / 30 days
RA E-ZJECT LANCETS THIN 26G	1	QL 200 / 30 days
RA E-ZJECT LANCETS THIN 28G	1	QL 200 / 30 days
RA E-ZJECT LANCETS ULTRA THIN	1	QL 200 / 30 days
RA INSULIN SYRINGE	1	
ra isopropyl alcohol wipes	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
READYLANCE SAFETY LANCETS	1	QL 200 / 30 days
REALITY INSULIN SYRINGE (REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, REALITY INSULIN SYRINGE 29G X 1/2" 1 ML MISC)	1	
REALITY LANCETS	1	QL 200 / 30 days
REALITY SWABS	1	
REALITY TRIGGER LANCETS	1	QL 200 / 30 days
REFUAH PLUS BLOOD GLUCOSE TEST	2	
REFUAH PLUS MONITORING SYSTEM	2	QL 1 / 365 days
RELION ALCOHOL SWABS	1	
RELION ALL-IN-ONE	2	
RELION BLOOD GLUCOSE TEST	2	
RELION CONFIRM GLUCOSE MONITOR	2	QL 1 / 365 days
RELION CONFIRM/MICRO TEST	2	
RELION INSULIN SYRINGE (RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, RELION INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
RELION LANCET DEVICES 30G	1	QL 200 / 30 days
RELION LANCETS	1	QL 200 / 30 days
RELION LANCETS MICRO-THIN 33G	1	QL 200 / 30 days
RELION LANCETS THIN 26G	1	QL 200 / 30 days
RELION LANCETS ULTRA-THIN 30G	1	QL 200 / 30 days
RELION MICRO	2	QL 1 / 365 days
RELION PREMIER BLU MONITOR	2	QL 1 / 365 days
RELION PREMIER CLASSIC	2	QL 1 / 365 days
RELION PREMIER TEST	2	
RELION PREMIER VOICE MONITOR	2	QL 1 / 365 days
RELION PRIME MONITOR	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELION PRIME TEST	2	
RELION TRUE MET AIR GLUC METER	1	QL 1 / 365 days
RELION TRUE METRIX TEST STRIPS	1	QL 150 / 30 DAYS
RELION ULTIMA GLUCOSE SYSTEM	2	QL 1 / 365 days
RELION ULTIMA TEST	2	
RELION ULTRA THIN LANCETS 30G	1	QL 200 / 30 days
RELION ULTRA THIN PLUS LANCETS	1	QL 200 / 30 days
REXALL BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
REXALL BLOOD GLUCOSE TEST	2	
REXALL LANCETS ULTRA THIN 30G	1	QL 200 / 30 days
RIGHTEST GL300 LANCETS	1	QL 200 / 30 days
RIGHTEST GM100 BLOOD GLUCOSE	2	QL 1 / 365 days
RIGHTEST GM300 BLOOD GLUCOSE	2	QL 1 / 365 days
RIGHTEST GM550 BLOOD GLUCOSE	2	QL 1 / 365 days
RIGHTEST GS100 BLOOD GLUCOSE	2	
RIGHTEST GS300 BLOOD GLUCOSE	2	
RIGHTEST GS550 BLOOD GLUCOSE	2	
RIGHTEST GT333 BLOOD GLUCOSE DEVICE	2	QL 1 / 365 days
RIGHTEST GT333 BLOOD GLUCOSE STRIP	2	
RIGHTEST GT333 GLUCOSE TEST	2	
SAFE-T-LANCE	1	QL 200 / 30 days
SAFE-T-LANCE PLUS	1	QL 200 / 30 days
SAFETY INSULIN SYRINGES (SAFETY INSULIN SYRINGES 29G X 1/2" 0.5 ML MISC, SAFETY INSULIN SYRINGES 29G X 1/2" 1 ML MISC, SAFETY INSULIN SYRINGES 30G X 5/16" 0.5 ML MISC)	1	
SAFETY LANCET 30G/PRESSURE ACT	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SAFETY LANCETS	1	QL 200 / 30 days
SAFETY LANCETS 21G	1	QL 200 / 30 days
SAFETY LANCETS 23G	1	QL 200 / 30 days
SAFETY LANCETS 28G	1	QL 200 / 30 days
SAFETY SYRINGE/NEEDLE 23G X 1" 3 ML MISC	1	
SAPS CARE ALCOHOL PREP	1	
SAPS HEALTH ALCOHOL PREP (SAPS HEALTH ALCOHOL PREP PAD, SAPS HEALTH ALCOHOL PREP 70 % PAD)	1	
SAPS HEALTH CARE ALCOHOL PREP	1	
SAPS HEALTH PLUS LANCETS	1	QL 200 / 30 days
SAPS HEALTH TWIST TOP LANCETS	1	QL 200 / 30 days
SAPS TWIST TOP LANCETS	1	QL 200 / 30 days
SAPSCARE TWIST TOP LANCETS	1	QL 200 / 30 days
SB ALCOHOL PREP	1	
SB INSULIN SYRINGE	1	
SB LANCETS THIN	1	QL 200 / 30 days
SB LANCETS ULTRA THIN	1	QL 200 / 30 days
SECURESAFE INSULIN SYRINGE	1	
SENSILANCE SAFETY LANCETS 21G	1	QL 200 / 30 days
SENSILANCE SAFETY LANCETS 26G	1	QL 200 / 30 days
SENSILANCE SAFETY LANCETS 28G	1	QL 200 / 30 days
SHOPKO ON-THE-GO LANCETS 30G	1	QL 200 / 30 days
SHOPKO UNILET LANCETS 28G	1	QL 200 / 30 days
SHOPKO UNILET LANCETS 30G	1	QL 200 / 30 days
SILA III	2	
SINGLE-LET	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SM ALCOHOL PREP (SM ALCOHOL PREP PAD, SM ALCOHOL PREP 70 % PAD)	1	
SM LANCETS 33G	1	QL 200 / 30 days
SMART SENSE COLOR LANCETS 33G	1	QL 200 / 30 days
SMART SENSE PREMIUM SYSTEM	2	QL 1 / 365 days
SMART SENSE PREMIUM TEST	2	
SMART SENSE STANDARD LANCETS	1	QL 200 / 30 days
SMART SENSE SUPER THIN LANCETS	1	QL 200 / 30 days
SMART SENSE THIN LANCETS 26G	1	QL 200 / 30 days
SMART SENSE VALUE GLUCOSE SYS	2	QL 1 / 365 days
SMART SENSE VALUE TEST	2	
SMARTEST BLOOD GLUCOSE TEST	2	
SMARTEST EJECT	2	QL 1 / 365 days
SMARTEST EJECT STARTER	2	QL 1 / 365 days
SMARTEST LANCETS 28G	1	QL 200 / 30 days
SMARTEST PERSONA STARTER	2	QL 1 / 365 days
SMARTEST PRONTO STARTER	2	QL 1 / 365 days
SMARTEST PROTEGE	2	QL 1 / 365 days
SMARTEST PROTEGE STARTER	2	QL 1 / 365 days
sodium bicarbonate 8.4 % solution	1	
SOLUS V2 BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
SOLUS V2 LANCETS 28G	1	QL 200 / 30 days
SOLUS V2 TEST	2	
SOLUS V2 TWIST LANCETS 30G	1	QL 200 / 30 days
SORBITOL (SORBITOL SOLUTION, SORBITOL 70 % SOLUTION)	1	QL 480 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SOSWEET	1	
STERILANCE TL	1	QL 200 / 30 days
STERILE WATER FOR IRRIGATION	1	
SUPARTZ FX	2	QL 15 / 180 days PA
SUPER THIN LANCETS	1	QL 200 / 30 days
SURE COMFORT ALCOHOL PREP	1	
SURE COMFORT INSULIN SYRINGE (SURE COMFORT INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, SURE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, SURE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
SURE COMFORT LANCETS 18G	1	QL 200 / 30 days
SURE COMFORT LANCETS 21G	1	QL 200 / 30 days
SURE COMFORT LANCETS 23G	1	QL 200 / 30 days
SURE COMFORT LANCETS 28G	1	QL 200 / 30 days
SURE COMFORT LANCETS 30G	1	QL 200 / 30 days
SURELITE LANCETS	1	QL 200 / 30 days
SYNOJOYNT	2	QL 12 / 180 days PA
SYNVISC	2	
SYNVISC ONE	2	
SYRINGE 23G X 1" 3 ML MISC	1	
SYRINGE LUER LOCK 23G X 1" 3 ML MISC	1	
SYRPALTA SYRUP	1	
SYRPALTA (RED)	1	
SYRSPEND SF LIQUID	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYRUP VEHICLE	1	
SYRUP VEHICLE SF	1	
TECHLITE AST LANCETS	1	QL 200 / 30 days
TECHLITE INSULIN SYRINGE (TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, TECHLITE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, TECHLITE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TECHLITE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
TECHLITE LANCETS	1	QL 200 / 30 days
TECHLITE LANCETS 26G	1	QL 200 / 30 days
TECHLITE LANCETS 30G	1	QL 200 / 30 days
TGT BLOOD GLUCOSE MONITORING	2	QL 1 / 365 days
TGT BLOOD GLUCOSE TEST	2	
TGT LANCET MICRO THIN 33G	1	QL 200 / 30 days
TGT LANCET THIN 26G	1	QL 200 / 30 days
TGT LANCET ULTRA THIN 30G	1	QL 200 / 30 days
THINLETS GP LANCETS	1	QL 200 / 30 days
TODAYS HEALTH THIN LANCETS 28G	1	QL 200 / 30 days
TODAYS HEALTH THIN LANCETS 30G	1	QL 200 / 30 days
TOP FILL HUMIDIFIER	1	
TOPCARE LANCETS MICRO-THIN 33G	1	QL 200 / 30 days
TOPCARE ULTRA COMFORT INS SYR (TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 0.5 ML MISC, TOPCARE ULTRA COMFORT INS SYR 29G X 1/2" 1 ML MISC, TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 0.5 ML MISC, TOPCARE ULTRA COMFORT INS SYR 30G X 5/16" 1 ML MISC, TOPCARE ULTRA COMFORT INS SYR 31G X 5/16" 1 ML MISC)	1	
TRAVEL LANCETS	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRAVEL LANCETS ADVANCED 28G	1	QL 200 / 30 days
TRIAMVEX (CREAM)	2	
TRIASIL	2	
TRILURON	2	QL 12 / 180 days PA
TRIVISC	2	QL 15 / 180 days PA
TRUE COMFORT ALCOHOL PREP PADS	1	
TRUE COMFORT INSULIN SYRINGE (TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TRUE COMFORT INSULIN SYRINGE 30G X 5/16" 1 ML MISC, TRUE COMFORT INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
TRUE COMFORT PRO ALCOHOL PREP	1	
TRUE COMFORT PRO INSULIN SYR (TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 0.5 ML MISC, TRUE COMFORT PRO INSULIN SYR 30G X 5/16" 1 ML MISC, TRUE COMFORT PRO INSULIN SYR 31G X 5/16" 1 ML MISC)	1	
TRUE COMFORT SAFETY LANCETS	1	QL 200 / 30 days
TRUE COMFORT TWIST TOP LANCETS	1	QL 200 / 30 days
TRUE METRIX AIR GLUCOSE METER DEVICE(NDC: 56151-1494-01)	2	QL 1 / 365 days
TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT(NDC: 11917-0173-89)	2	QL 1 / 365 days
TRUE METRIX AIR GLUCOSE METER W/DEVICE KIT(NDC: 56151-1490-02)	1	QL 1 / 365 days
TRUE METRIX BLOOD GLUCOSE TEST STRIP (NDC: 08528-1464-04, 11917-0166-90, 56151-1460-03, 56151-1463-04, 56151-1464-01, 96295-0142-04)	2	
TRUE METRIX BLOOD GLUCOSE TEST STRIP (NDC: 56151-1460-01, 56151-1460-04)	1	QL 150 / 30 DAYS
TRUE METRIX GO GLUCOSE METER	2	QL 1 / 365 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUE METRIX METER DEVICE	2	QL 1 / 365 days
TRUE METRIX METER W/DEVICE KIT	1	QL 1 / 365 days
TRUE METRIX PRO BLOOD GLUCOSE	2	
TRUEPLUS INSULIN SYRINGE (TRUEPLUS INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, TRUEPLUS INSULIN SYRINGE 29G X 1/2" 1 ML MISC, TRUEPLUS INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, TRUEPLUS INSULIN SYRINGE 30G X 5/16" 1 ML MISC, TRUEPLUS INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
TRUEPLUS LANCETS 26G	1	QL 200 / 30 days
TRUEPLUS LANCETS 28G	1	QL 200 / 30 days
TRUEPLUS LANCETS 30G	1	QL 200 / 30 days
TRUEPLUS LANCETS 33G	1	QL 200 / 30 days
TRUEPLUS SAFETY LANCETS 28G	1	QL 200 / 30 days
TRUERESULT BLOOD GLUCOSE	2	QL 1 / 365 days
TRUETEST TEST	2	
TRUETRACK BLOOD GLUCOSE W/DEVICE KIT	2	QL 1 / 365 days
TRUETRACK SMART SYSTEM	2	QL 1 / 365 days
TRUETRACK TEST	2	
TWIST TOP LANCETS 30G	1	QL 200 / 30 days
ULTICARE ALCOHOL SWABS	1	
ULTICARE INSULIN SAFETY SYR	1	
ULTICARE INSULIN SYRINGE (ULTICARE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ULTICARE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ULTICARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTICARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTICARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
ULTIGUARD SAFEPACK SYR/NEEDLE 31G X 5/16" 1 ML MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULTILET ALCOHOL SWABS	1	
ULTILET CLASSIC LANCETS	1	QL 200 / 30 days
ULTILET LANCETS	1	QL 200 / 30 days
ULTILET SAFETY LANCETS	1	QL 200 / 30 days
ULTILET SAFETY LANCETS 23G	1	QL 200 / 30 days
ULTRA FLO INSULIN SYRINGE (ULTRA FLO INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, ULTRA FLO INSULIN SYRINGE 29G X 1/2" 1 ML MISC, ULTRA FLO INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTRA FLO INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTRA FLO INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
ULTRA THIN LANCETS 31G	1	QL 200 / 30 days
ULTRA-CARE ALCOHOL PREP PADS	1	
ULTRA-CARE LANCETS 30G	1	QL 200 / 30 days
ULTRA-THIN II AUTO LANCET	1	QL 200 / 30 days
ULTRA-THIN II INS SYR SHORT (ULTRA-THIN II INS SYR SHORT 30G X 5/16" 0.5 ML MISC, ULTRA-THIN II INS SYR SHORT 30G X 5/16" 1 ML MISC, ULTRA-THIN II INS SYR SHORT 31G X 5/16" 1 ML MISC)	1	
ULTRA-THIN II INSULIN SYRINGE	1	
ULTRA-THIN II LANCETS	1	QL 200 / 30 days
ULTRACARE INSULIN SYRINGE (ULTRACARE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ULTRACARE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, ULTRACARE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
ULTRASONIC COOL MIST HUMIDIF	1	
UNILET COMFORTOUCH LANCET	1	QL 200 / 30 days
UNILET EXCELITE	1	QL 200 / 30 days
UNILET EXCELITE II	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UNILET G.P. LANCET	1	QL 200 / 30 days
UNILET G.P. SUPERLITE LANCET	1	QL 200 / 30 days
UNILET GP 28 ULTRA THIN	1	QL 200 / 30 days
UNILET LANCET	1	QL 200 / 30 days
UNILET MICRO-THIN 33G	1	QL 200 / 30 days
UNILET SUPER-THIN 30G	1	QL 200 / 30 days
UNILET SUPERLITE LANCET	1	QL 200 / 30 days
UNILET ULTRA-THIN 28G	1	QL 200 / 30 days
UNISTIK 1	1	QL 200 / 30 days
UNISTIK 2	1	QL 200 / 30 days
UNISTIK 2 COMFORT	1	QL 200 / 30 days
UNISTIK 2 EXTRA	1	QL 200 / 30 days
UNISTIK 2 NEONATAL	1	QL 200 / 30 days
UNISTIK 2 NORMAL	1	QL 200 / 30 days
UNISTIK 2 SUPER	1	QL 200 / 30 days
UNISTIK 3	1	QL 200 / 30 days
UNISTIK 3 COMFORT	1	QL 200 / 30 days
UNISTIK 3 EXTRA	1	QL 200 / 30 days
UNISTIK 3 GENTLE	1	QL 200 / 30 days
UNISTIK 3 NEONATAL	1	QL 200 / 30 days
UNISTIK 3 NORMAL	1	QL 200 / 30 days
UNISTIK CZT COMFORT	1	QL 200 / 30 days
UNISTIK CZT NORMAL	1	QL 200 / 30 days
UNISTIK NORMAL	1	QL 200 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UNISTIK PRO SAFETY LANCET	1	QL 200 / 30 days
UNISTIK SAFETY LANCETS 28G	1	QL 200 / 30 days
UNISTIK SAFETY LANCETS 30G	1	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 21G	1	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 23G	1	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 28G	1	QL 200 / 30 days
UNISTIK TOUCH SAFETY LANC 30G	1	QL 200 / 30 days
UNISTRIP1 GENERIC	2	
UNIVERSAL 1 LANCETS THIN 26G	1	QL 200 / 30 days
UNIVERSAL 1 LANCETS THIN 33G	1	QL 200 / 30 days
UNIVERSAL 1 LANCETS ULTRA THIN	1	QL 200 / 30 days
V-GO 20	1	
V-GO 30	1	
V-GO 40	1	
VALUE HEALTH INSULIN SYRINGE	1	
VALUE PLUS LANCET STANDARD 21G	1	QL 200 / 30 days
VALUE PLUS LANCETS SUPER THIN	1	QL 200 / 30 days
VALUE PLUS LANCETS THIN 26G	1	QL 200 / 30 days
VALUMARK LANCET SUPER THIN 30G	1	QL 200 / 30 days
VALUMARK LANCET ULTRA THIN 28G	1	QL 200 / 30 days
VANISHPOINT INSULIN SYRINGE (VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML MISC, VANISHPOINT INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, VANISHPOINT INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	1	
VANISHPOINT SAFETY SYRINGE 23G X 1" 3 ML MISC	1	
VANISHPOINT SYRINGE 23G X 1" 3 ML MISC	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VERASENS BLOOD GLUCOSE METER	2	QL 1 / 365 days
VERASENS BLOOD GLUCOSE SYSTEM	2	QL 1 / 365 days
VERASENS BLOOD GLUCOSE TEST	2	
VERIFINE INSULIN SYRINGE (VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML MISC, VERIFINE INSULIN SYRINGE 29G X 1/2" 1 ML MISC, VERIFINE INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, VERIFINE INSULIN SYRINGE 30G X 5/16" 1 ML MISC, VERIFINE INSULIN SYRINGE 31G X 5/16" 1 ML MISC)	1	
VERIFINE SAFE LANCET MINI 21G	1	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 23G	1	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 28G	1	QL 200 / 30 days
VERIFINE SAFE LANCET MINI 30G	1	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 28G	1	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 30G	1	QL 200 / 30 days
VERIFINE UNIVERSAL LANCETS 33G	1	QL 200 / 30 days
VERSAFREE	1	
VERSAPLUS	1	
VIDA MIA UNILET LANCETS 28G	1	QL 200 / 30 days
VIDA MIA UNILET LANCETS 30G	1	QL 200 / 30 days
VIOS AEROSOL DELIVERY SYSTEM	1	
VIOS LC PLUS	1	
VIOS LC SPRINT	1	
VISCO-3	1	QL 15 / 180 days PA
VIVAGUARD INO GLUCOSE METER	2	QL 1 / 365 days
VIVAGUARD INO SMART GLUC METER	2	QL 1 / 365 days
VIVAGUARD INO TEST STRIPS	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIVAGUARD LANCETS	1	QL 200 / 30 days
VIVAGUARD LANCETS 30G	1	QL 200 / 30 days
VIVAGUARD SAFETY LANCETS 28G	1	QL 200 / 30 days
VORTEX VALVE CHAMBER-PEDI MASK	1	
VORTEX VALVED HOLDING CHAMBER	1	
WALGREENS ADV TRAVEL LANCETS	1	QL 200 / 30 days
WALGREENS LANCETS	1	QL 200 / 30 days
WALGREENS LANCETS MICRO THIN	1	QL 200 / 30 days
WALGREENS LANCETS SUPER THIN	1	QL 200 / 30 days
WALGREENS THIN LANCETS	1	QL 200 / 30 days
WALGREENS ULTRA THIN LANCETS	1	QL 200 / 30 days
WARM MIST HUMIDIFIER	1	
water for irrigation, sterile	1	
WAVESENSE AMP	2	QL 1 / 365 days
WEBCOL ALCOHOL PREP LARGE	1	
WEBCOL ALCOHOL PREP MEDIUM	1	
XPHOZAH	2	
ZEVRX INSULIN SYRINGE (ZEVRX INSULIN SYRINGE 30G X 5/16" 0.5 ML MISC, ZEVRX INSULIN SYRINGE 30G X 5/16" 1 ML MISC)	1	
ZEVRX STERILE ALCOHOL PREP PAD	1	
ZEVRX TWIST TOP LANCETS 30G	1	QL 200 / 30 days
OPHTHALMIC AGENTS		
OPHTHALMIC AGENTS, OTHER		
ak-poly-bac	1	QL 7 / 18 days
ALTAFRIN 2.5 % SOLUTION	1	
artificial tears 0.1-0.3 % solution	1	QL 15 / 15 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
artificial tears pf	1	
ATROPINE SULFATE 1 % SOLUTION	1	QL 5 / 18 days
BACITRA-NEOMYCIN-POLYMYXIN-HC	1	
BACITRACIN-POLYMYXIN B	1	QL 7 / 18 days
BEOVU	2	
bion tears pf	1	
BLEPHAMIDE	2	QL 30 / 30 days
BLEPHAMIDE S.O.P.	2	QL 7 / 18 days
brimonidine tartrate-timolol	2	
BYOOVIZ	2	PA
CEQUA	2	
CIMERLI	1	PA
COMBIGAN	1	
COSOPT	2	
COSOPT PF	2	
cyclopentolate hcl (cyclopentolate hcl 0.5 % solution, cyclopentolate hcl 2 % solution)	1	QL 15 / 30 days
cyclopentolate hcl 1 % solution	1	QL 5 / 25 days
cyclosporine 0.05 % emulsion	2	QL 60 / 30 days
dorzolamide hcl-timolol mal	1	QL 10 / 18 days
dorzolamide hcl-timolol mal pf	2	
EYLEA	1	PA
EYLEA HD	2	
ISOPTO ATROPINE	1	QL 5 / 18 days
IZERVAY	2	
LACRISERT	2	
loteprednol-tobramycin	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lubricating tears eye drops 0.1-0.3 % solution	1	QL 15 / 15 days
LUCENTIS (LUCENTIS 0.3 MG/0.05ML SOLN PRSYR, LUCENTIS 0.5 MG/0.05ML SOLN PRSYR, LUCENTIS 0.5 MG/0.05ML SOLUTION)	1	PA
MAXITROL (MAXITROL 0.1 % SUSPENSION, MAXITROL 3.5-10000-0.1 OINTMENT, MAXITROL 3.5-10000-0.1 SUSPENSION)	2	
MIEBO	2	QL 3 / 30 day(s)
naphcon-a	1	QL 15 / 18 days
neo-polycin	2	
neo-polycin hc	1	
neomycin-bacitracin zn-polymyx (neomycin-bacitracin zn-polymyx 3.5-400-10000 ointment, neomycin-bacitracin zn-polymyx 5-400-10000 ointment)	2	
neomycin-polymyxin-dexameth (neomycin-polymyxin-dexameth 0.1 % suspension, neomycin-polymyxin-dexameth 3.5-10000-0.1 suspension)	1	QL 5 / 18 days
neomycin-polymyxin-dexameth 3.5-10000-0.1 ointment	1	
neomycin-polymyxin-gramicidin	2	QL 10 / 15 days
neomycin-polymyxin-hc 3.5-10000-1 ophth suspension	2	QL 10 / 15 days
PAVBLU	2	
phenylephrine hcl 2.5 % solution	1	
polycin	1	QL 7 / 18 days
polyvinyl alcohol 1.4 % solution	1	
PRED-G	1	
PRED-G S.O.P.	1	
RESTASIS	1	QL 60 / 30 days
RESTASIS MULTIDOSE	2	QL 5.5 / 28 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROCKLATAN	2	
sulfacetamide-prednisolone	1	QL 30 / 30 days
SUSVIMO (IMPLANT 1ST FILL)	2	
SUSVIMO (IMPLANT REFILL)	2	
SYFOVRE	1	PA
TOBRADEX 0.3-0.1 % OINTMENT	1	QL 3.5 / 18 days
TOBRADEX 0.3-0.1 % SUSPENSION	1	QL 5 / 18 days
TOBRADEX ST	2	
tobramycin-dexamethasone	2	QL 5 / 18 days
tropicamide (tropicamide 0.5 % solution, tropicamide 1 % solution)	1	QL 15 / 18 days
TRYPTYR	2	
TYRVAYA	2	
VABYSMO	1	PA
VISUDYNE	1	PA
XIIDRA	1	QL 60 / 30 day(s)
ZYLET	2	
OPHTHALMIC ANTI-ALLERGY AGENTS		
alaway	1	QL 10 / 18 days
alaway childrens allergy	1	QL 10 / 18 days
ALOCRIL	2	QL 5 / 18 days
ALOMIDE	2	QL 10 / 18 days
azelastine hcl 0.05 % solution	1	
bepotastine besilate	2	
BEPREVE	2	
cromolyn sodium 4 % solution	1	QL 10 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cvs eye itch relief	1	QL 10 / 18 days
cvs olopatadine hcl	1	
epinastine hcl	2	
eye allergy itch relief	1	
eye allergy itch/redness rel	1	
eye itch relief	1	QL 10 / 18 days
ft eye allergy itch & redness	1	
ft eye allergy itch relief	1	
gnp olopatadine hcl	1	
goodsense eye itch relief	1	QL 10 / 18 days
hm eye allergy itch relief	1	
hm eye allergy itch/red relief	1	
ketotifen fumarate 0.035 % solution	1	QL 10 / 18 days
LASTACAFT	2	
olopatadine hcl 0.1 % solution	1	QL 5 / 25 days
olopatadine hcl 0.2 % solution	1	QL 2.5 / 30 days
olopatadine hcl extra strength	1	
pataday	2	
qc olopatadine hcl	1	
retaine allergy	1	
sm eye itch relief	1	QL 10 / 18 days
sm olopatadine hcl	1	
zaditor	1	QL 10 / 18 days
ZERVIATE	2	
OPHTHALMIC ANTI-INFECTIVES		
AZASITE	2	
BLEPH-10	2	QL 15 / 18 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
erythromycin 5 mg/gm ointment	1	QL 7 / 18 days
ERYTHROMYCIN 5 MG/GM OINTMENT	1	
gatifloxacin 0.5 % solution	1	
gentak	1	QL 7 / 18 days
gentamicin sulfate 0.3 % solution	1	QL 15 / 18 days
levofloxacin (levofloxacin 0.5 % solution, levofloxacin 1.5 % solution)	2	
moxifloxacin hcl (2x day)	2	
moxifloxacin hcl 0.5 % solution	1	
OCUFLOX	2	
ofloxacin 0.3 % solution	1	QL 10 / 7 days
polymyxin b-trimethoprim	1	QL 10 / 15 days
POLYTRIM	2	
sulfacetamide sodium 10 % ointment	2	
SULFACETAMIDE SODIUM 10 % SOLUTION	2	QL 15 / 18 days
tobramycin 0.3 % solution	1	QL 5 / 18 days
TOBREX	2	QL 3.5 / 18 days
trifluridine	1	QL 7.5 / 18 days
VIGAMOX	2	
ZYMAXID	2	
OPHTHALMIC ANTI-INFLAMMATORIES		
ACULAR	2	
ACULAR LS	2	
ACUVAIL	2	
ALREX	2	QL 5 / 18 days
bromfenac sodium (bromfenac sodium 0.07 % solution, bromfenac sodium 0.075 % solution)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
bromfenac sodium (once-daily)	1	
BROMSITE	2	
CLOBETASOL PROPIONATE 0.05 % SUSPENSION	2	
dexamethasone sodium phosphate 0.1 % solution	1	QL 5 / 10 days
DEXTENZA	2	
DEXYCU	2	
diclofenac sodium 0.1 % solution	2	
difluprednate	1	
DUREZOL	2	
EYSUVIS	1	
FLAREX	1	QL 5 / 18 days
fluorometholone	1	QL 5 / 18 days
flurbiprofen sodium	1	QL 5 / 10 days
FML	1	QL 3.5 / 18 days
FML FORTE	1	QL 10 / 30 days
FML LIQUIFILM	2	
ILEVRO	2	
ILUVIEN	2	
INVELTYS	2	
ketorolac tromethamine 0.4 % solution	1	
ketorolac tromethamine 0.5 % solution	1	QL 5 / 18 days
LOTEMAX (LOTEMAX 0.5 % GEL, LOTEMAX 0.5 % SUSPENSION)	2	
LOTEMAX 0.5 % OINTMENT	1	
LOTEMAX SM	2	
loteprednol etabonate (loteprednol etabonate 0.2 % suspension, loteprednol etabonate 0.5 % gel, loteprednol etabonate 0.5 % suspension)	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAXIDEX	1	
NEVANAC	2	
OZURDEX	2	
PRED FORTE	2	
PRED MILD	1	QL 5 / 18 days
prednisolone acetate 1 % suspension	1	QL 10 / 18 days
PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION	1	QL 10 / 18 days
PROLENSA	2	
RETISERT	2	
TRIESENCE	2	
XIPERE	2	
YUTIQ	2	
OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS		
betaxolol hcl 0.5 % solution	2	
BETIMOL	2	
BETOPTIC-S	2	
carteolol hcl	1	
ISTALOL	2	
levobunolol hcl	1	QL 5 / 18 days
timolol hemihydrate	2	
timolol maleate (once-daily)	2	QL 5 / 18 days
timolol maleate (timolol maleate 0.25 % gel f soln, timolol maleate 0.5 % gel f soln)	2	QL 5 / 18 days
timolol maleate (timolol maleate 0.25 % solution, timolol maleate 0.5 % solution)	1	QL 5 / 18 days
timolol maleate ocudose	2	
timolol maleate pf	2	
TIMOPTIC	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TIMOPTIC OCUDOSE	2	
TIMOPTIC-XE	2	
OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER		
acetazolamide er	1	QL 60 / 30 days
ALPHAGAN P 0.1 % SOLUTION	1	QL 15 / 26 days
ALPHAGAN P 0.15 % SOLUTION	1	
apraclonidine hcl	2	
AZOPT	2	QL 10 / 24 days
brimonidine tartrate 0.1 % solution	2	
brimonidine tartrate 0.15 % solution	2	QL 15 / 26 days
brimonidine tartrate 0.2 % solution	1	QL 5 / 18 days
brinzolamide	2	
dorzolamide hcl 2 % solution	1	QL 10 / 18 days
IDOSE TR	2	
IOPIDINE	2	
ISOPTO CARPINE	2	
methazolamide (methazolamide 25 mg tab, methazolamide 50 mg tab)	1	QL 4 / 1 days
OMLONTI	2	
PHOSPHOLINE IODIDE	2	
pilocarpine hcl (pilocarpine hcl 1 % solution, pilocarpine hcl 2 % solution, pilocarpine hcl 4 % solution)	2	QL 15 / 18 days
RHOPRESSA	2	
SIMBRINZA	1	QL 8 / 25 days
TRUSOPT	2	
OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS		
bimatoprost 0.03 % solution	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DURYSTA	2	
IYUZEH	2	
latanoprost 0.005 % solution	1	QL 2.5 / 18 days
LUMIGAN	2	
tafluprost (pf)	2	
TRAVATAN Z	2	QL 5 / 18 days
travoprost (bak free)	2	
VYZULTA	2	
XALATAN	2	
XELPROS	2	
ZIOPTAN	2	
OTIC AGENTS		
acetic acid 2 % solution	1	
CIPRO HC	1	
CIPRODEX	1	
ciprofloxacin hcl 0.2 % solution	2	
ciprofloxacin-dexamethasone	2	
ciprofloxacin-fluocinolone pf	2	
ciprofloxacin-hydrocortisone	2	
CORTISPORIN-TC	2	
debrox	1	
ear drops earwax aid	1	
earwax removal	1	
earwax removal kit	1	
goodsense ear wax kit	1	
goodsense ear wax removal	1	
hydrocortisone-acetic acid	1	
neomycin-polymyxin-hc (neomycin-polymyxin-hc 1 % solution, neomycin-polymyxin-hc 3.5-10000-1 solution)	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	1	
OTIPRIO	2	
OTOVEL	2	
RESPIRATORY TRACT/PULMONARY AGENTS		
ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS		
ALVESCO	2	
ARMONAIR DIGIHALER	2	
ARNUITY ELLIPTA	1	QL 30 / 30 days
ASMANEX (120 METERED DOSES)	1	
ASMANEX (14 METERED DOSES)	1	
ASMANEX (30 METERED DOSES)	1	
ASMANEX (60 METERED DOSES)	1	
ASMANEX HFA	1	
BECONASE AQ	2	
budesonide 0.25 mg/2ml suspension	1	QL 240 / 30 days
budesonide 0.5 mg/2ml suspension	1	QL 4 / 1 days
budesonide 1 mg/2ml suspension	2	QL 60 / 30 days
budesonide 32 mcg/act suspension	2	QL 8.43 / 30 days
eq budesonide nasal	2	QL 8.43 / 30 days
flonase allergy relief	2	QL 16 / 20 days
FLONASE SENSIMIST	2	
FLONASE SENSIMIST CHILDRENS	2	
FLOVENT DISKUS	2	QL 60 / 30 days
FLOVENT HFA (FLOVENT HFA 44 MCG/ACT AEROSOL, FLOVENT HFA 110 MCG/ACT AEROSOL)	2	
FLOVENT HFA 220 MCG/ACT AEROSOL	2	QL 24 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
flunisolide 25 mcg/act (0.025%) solution	2	QL 0.84 / 1 days
fluticasone furoate ellipta	2	
fluticasone propionate 50 mcg/act suspension	1	QL 16 / 20 days
fluticasone propionate 50 mcg/act suspension (rx)	1	QL 16 / 20 days
fluticasone propionate diskus	1	QL 60 / 30 day(s)
fluticasone propionate hfa 110 mcg/act aerosol	1	QL 12 / 30 day(s)
fluticasone propionate hfa 220 mcg/act aerosol	1	QL 24 / 30 day(s)
fluticasone propionate hfa 44 mcg/act aerosol	1	QL 10.6 / 30 day(s)
ft 24 hour nasal allergy	2	QL 16.9 / 16 days C No PA required for children under 4 years old
gnp 24 hour nasal allergy	2	QL 16.9 / 16 days C No PA required for children under 4 years old
gnp budesonide nasal spray	2	QL 8.43 / 30 days
goodsense nasal allergy spray	2	QL 16.9 / 16 days C No PA required for children under 4 years old
hm 24 hour nasal allergy	2	QL 16.9 / 16 days C No PA required for children under 4 years old
kls aller-cort	2	QL 16.9 / 16 days C No PA required for children under 4 years old
mometasone furoate 50 mcg/act suspension	2	
nasal allergy 24 hour	2	QL 16.9 / 16 days C No PA required for children under 4 years old

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nasonex 24hr	2	
OMNARIS	2	
PULMICORT (PULMICORT 0.25 MG/2ML SUSPENSION, PULMICORT 0.5 MG/2ML SUSPENSION)	2	
PULMICORT 1 MG/2ML SUSPENSION	2	QL 60 / 30 days
PULMICORT FLEXHALER	2	QL 1 / 30 days
QNASL	2	
QNASL CHILDRENS	2	
QVAR REDIHALER 40 MCG/ACT AERO BA	1	QL 10.6 / 30 days
QVAR REDIHALER 80 MCG/ACT AERO BA	1	QL 2 inhalers / 30 day(s)
triamcinolone acetonide 55 mcg/act aerosol	2	QL 16.9 / 16 days C No PA required for children under 4 years old
XHANCE	2	
ZETONNA	2	
ANTIHISTAMINES		
12hr allergy relief	1	QL 60 / 30 days
24hr allergy relief	1	QL 30 / 30 days
alavert	2	
aler-cap	1	QL 6 / 1 days
alertab	1	QL 6 / 1 days
alka-seltzer plus allergy	1	QL 6 / 1 days
all day allergy	1	QL 120 / 30 days
all day allergy childrens	1	QL 300 / 30 days
all-day allergy childrens	1	QL 300 / 30 days
allegra allergy 180 mg tab	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
allegra allergy childrens 30 mg/5ml suspension	2	
allegra hives 24hr	2	QL 30 / 30 days
aller-ease	1	QL 60 / 30 days
allergy (cetirizine)	1	QL 120 / 30 days
allergy 24-hr	1	QL 30 / 30 days
allergy 25 mg cap	1	QL 6 / 1 days
allergy childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
allergy childrens 30 mg/5ml suspension	1	
allergy childrens 5 mg/5ml solution	1	QL 300 / 30 days
allergy rel child (loratadine)	1	QL 300 / 30 days
allergy relief (allergy relief 25 mg cap, allergy relief 25 mg tab)	1	QL 6 / 1 days
allergy relief (allergy relief 5 mg tab, allergy relief 10 mg tab, allergy relief 180 mg tab)	1	QL 30 / 30 days
allergy relief (cetirizine) 10 mg cap	1	
allergy relief (cetirizine) 10 mg tab	1	QL 120 / 30 days
allergy relief (loratadine) 10 mg tab	1	QL 30 / 30 days
allergy relief 25 mg/10ml liquid	1	QL 30 / 1 days
allergy relief 60 mg tab	1	QL 60 / 30 days
allergy relief ceterizine	1	QL 30 / 30 days
allergy relief cetirizine	1	QL 120 / 30 days
allergy relief childrens 1 mg/ml solution	1	QL 300 / 30 days
allergy relief childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
anti-hist allergy	1	QL 6 / 1 days
aurodryl allergy childrens	1	QL 30 / 1 days
azelastine hcl (azelastine hcl 0.1 % solution, azelastine hcl 137 mcg/spray solution)	1	QL 30 / 24 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
azelastine hcl 0.15 % solution	2	
banophen (banophen 25 mg cap, banophen 25 mg tab, banophen 50 mg cap)	1	QL 6 / 1 days
benadryl allergy	1	QL 6 / 1 days
benadryl allergy childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
benadryl allergy ultratabs	1	QL 6 / 1 days
cetirizine hcl (cetirizine hcl 1 mg/ml solution, cetirizine hcl 5 mg/5ml solution)	1	QL 300 / 30 days
cetirizine hcl (cetirizine hcl 5 mg chew tab, cetirizine hcl 10 mg chew tab)	2	QL 30 / 30 days
cetirizine hcl 10 mg tab	1	QL 120 / 30 days
cetirizine hcl 5 mg tab	1	QL 30 / 30 days
cetirizine hcl allergy child	1	QL 300 / 30 days
cetirizine hcl childrens alrgy	1	QL 300 / 30 days
childrens 24 hour allergy	1	QL 300 / 30 days
childrens loratadine	1	QL 300 / 30 days
CLARINEX	2	
CLARITIN 10 MG CHEW TAB	2	
claritin 10 mg tab	2	QL 30 / 30 days
CLARITIN ALLERGY CHILDRENS	2	
claritin childrens	2	
CLARITIN REDITABS 10 MG TAB DISP	2	
complete allergy medicine	1	QL 6 / 1 days
complete allergy relief	1	QL 6 / 1 days
curelief	1	QL 30 / 1 days
cvs allergy	1	QL 6 / 1 days
cvs allergy & hives relief	1	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
cvs allergy childrens	1	QL 300 / 30 days
cvs allergy relief (cvs allergy relief 25 mg cap, cvs allergy relief 25 mg tab)	1	QL 6 / 1 days
cvs allergy relief 10 mg tab disp	1	
cvs allergy relief 180 mg tab	1	QL 30 / 30 days
cvs allergy relief 25 mg/10ml liquid	1	QL 30 / 1 days
cvs allergy relief 60 mg tab	1	QL 60 / 30 days
cvs allergy relief adult	1	QL 30 / 1 days
cvs allergy relief childrens (cvs allergy relief childrens 5 mg chew tab, cvs allergy relief childrens 30 mg/5ml suspension)	1	
cvs allergy relief childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
cvs allergy relief childrens 5 mg/5ml solution	1	QL 300 / 30 days
cvs allergy relief(cetirizine)	1	QL 120 / 30 days
cvs childrens allergy	1	QL 30 / 1 days
cyproheptadine hcl 2 mg/5ml syrup	1	QL 30 / 1 days
cyproheptadine hcl 4 mg tab	1	QL 240 / 30 days
desloratadine (desloratadine 0.5 mg/ml solution, desloratadine 2.5 mg tab disp, desloratadine 5 mg tab disp)	2	
desloratadine 5 mg tab	1	
dimetane allergy relief	1	QL 6 / 1 days
dimetane allergy relief ex st	1	QL 6 / 1 days
diphen	1	QL 6 / 1 days
diphenhist	1	QL 6 / 1 days
diphenhydramine hcl (diphenhydramine hcl 12.5 mg/5ml elixir, diphenhydramine hcl 12.5 mg/5ml liquid, diphenhydramine hcl 25 mg/10ml liquid)	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diphenhydramine hcl (diphenhydramine hcl 25 mg cap, diphenhydramine hcl 25 mg tab, diphenhydramine hcl 50 mg cap)	1	QL 6 / 1 days
diphenhydramine hcl 50 mg/ml solution	1	
diphenhydramine hcl childrens	1	QL 30 / 1 days
eq allergy relief (cetirizine) 10 mg tab	1	QL 120 / 30 days
eq allergy relief (eq allergy relief 25 mg cap, eq allergy relief 25 mg tab)	1	QL 6 / 1 days
eq allergy relief childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
eq loratadine childrens 10 mg tab disp	1	
eql allergy 25 mg tab	1	QL 6 / 1 days
eql allergy relief 180 mg tab	1	QL 30 / 30 days
eql allergy relief 25 mg tab	1	QL 6 / 1 days
eql childrens allergy	1	QL 30 / 1 days
fexofenadine hcl 180 mg tab	1	QL 30 / 30 days
fexofenadine hcl 60 mg tab	1	QL 60 / 30 days
ft all day allergy 10 mg tab	1	QL 120 / 30 days
ft all day allergy 24 hour	1	QL 120 / 30 days
ft all day allergy relief	1	QL 30 / 30 days
ft allergy childrens	1	QL 300 / 30 days
ft allergy relief (ft allergy relief 25 mg cap, ft allergy relief 25 mg tab)	1	QL 6 / 1 days
ft allergy relief 12 hour	1	QL 60 / 30 days
ft allergy relief 180 mg tab	1	QL 30 / 30 days
ft allergy relief 24 hour	1	QL 30 / 30 days
ft allergy relief cetirizine	1	QL 120 / 30 days
ft allergy relief childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft allergy relief childrens 5 mg chew tab	1	
ft allergy relief childrens 5 mg/5ml solution	1	QL 300 / 30 days
ft allergy relief loratadine	1	QL 30 / 30 days
geri-dryl 12.5 mg/5ml liquid	1	QL 30 / 1 days
geri-dryl 25 mg tab	1	QL 6 / 1 days
gnp all day allergy	1	QL 120 / 30 days
gnp all day allergy childrens	1	QL 300 / 30 days
gnp all day allergy relief	1	
gnp allergy	1	QL 6 / 1 days
gnp allergy childrens	1	QL 30 / 1 days
gnp allergy relief (gnp allergy relief 25 mg cap, gnp allergy relief 25 mg tab)	1	QL 6 / 1 days
gnp allergy relief 180 mg tab	1	QL 30 / 30 days
gnp allergy relief 24 hr	1	QL 30 / 30 days
gnp allergy relief childrens	1	QL 30 / 1 days
gnp allergy relief max st	1	QL 30 / 1 days
gnp childrens allergy	1	QL 30 / 1 days
gnp loratadine 10 mg tab	1	QL 30 / 30 days
gnp loratadine 10 mg tab disp	1	
gnp loratadine 5 mg/5ml solution	1	QL 300 / 30 days
gnp loratadine childrens	1	QL 300 / 30 days
goodsense all day allergy 10 mg tab	1	QL 120 / 30 days
goodsense all day allergy 5 mg/5ml solution	1	QL 300 / 30 days
goodsense aller-ease	1	QL 30 / 30 days
goodsense allergy relief (goodsense allergy relief 25 mg cap, goodsense allergy relief 25 mg tab)	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
goodsense allergy relief 10 mg cap	2	
goodsense allergy relief 10 mg tab	1	QL 30 / 30 days
goodsense allergy relief child	1	QL 300 / 30 days
h-e-b childrens allergy	1	QL 30 / 1 days
hm all day allergy 5 mg/5ml solution	1	QL 300 / 30 days
hm all day allergy childrens	1	QL 300 / 30 days
hm allergy relief (cetirizine)	1	QL 120 / 30 days
hm allergy relief (hm allergy relief 25 mg cap, hm allergy relief 25 mg tab)	1	QL 6 / 1 days
hm allergy relief 180 mg tab	1	QL 30 / 30 days
hm allergy relief 60 mg tab	1	QL 60 / 30 days
hm allergy relief childrens	1	QL 30 / 1 days
hm cetirizine hcl	1	QL 120 / 30 days
hm fexofenadine hcl 180 mg tab	1	QL 30 / 30 days
hm fexofenadine hcl 60 mg tab	1	QL 60 / 30 days
hm loratadine	1	QL 30 / 30 days
hm loratadine childrens	1	QL 300 / 30 days
hydroxyzine hcl (hydroxyzine hcl 10 mg tab, hydroxyzine hcl 25 mg tab, hydroxyzine hcl 50 mg tab)	1	QL 180 / 30 days
hydroxyzine hcl 10 mg/5ml syrup	1	QL 30 / 1 days
kindermed kids allergy	1	QL 30 / 1 days
kls aller-fex	1	QL 30 / 30 days
kls aller-tec childrens	1	QL 300 / 30 days
kls allergy medicine	1	QL 6 / 1 days
kp diphenhydramine hcl	1	QL 6 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
levocetirizine dihydrochloride 2.5 mg/5ml solution	1	
levocetirizine dihydrochloride 5 mg tab	1	QL 30 / 30 days
liquid allergy relief	1	QL 30 / 1 days
loratadine 10 mg tab	1	QL 30 / 30 days
loratadine 10 mg tab disp	1	
loratadine 5 mg/5ml solution	1	QL 300 / 30 days
loratadine childrens 5 mg chew tab	1	
loratadine childrens 5 mg/5ml solution	1	QL 300 / 30 days
m-dryl	1	QL 30 / 1 days
maxallergy kids	1	QL 30 / 1 days
medi-phedryl	1	QL 6 / 1 days
meijer antihistamine allergy	1	QL 6 / 1 days
mm aller-ben	1	QL 6 / 1 days
mm fexofenadine hcl	1	QL 30 / 30 days
naramin	1	QL 30 / 1 days
olopatadine hcl 0.6 % solution	2	
PATANASE	2	
pediacare childrens allergy	1	QL 30 / 1 days
pharbedryl	1	QL 6 / 1 days
promethazine hcl (promethazine hcl 6.25 mg/5ml solution, promethazine hcl 12.5 mg/10ml solution)	1	QL 30 mL / 1 day(s) AL1 At least 6 yrs old C Age restriction, clinical PA required
px allergy (px allergy 25 mg cap, px allergy 25 mg tab)	1	QL 6 / 1 days
px allergy 12.5 mg/5ml liquid	1	QL 30 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
qc all day allergy	1	QL 120 / 30 days
qc allergy childrens	1	QL 30 / 1 days
qc allergy relief (qc allergy relief 25 mg cap, qc allergy relief 25 mg tab)	1	QL 6 / 1 days
qc allergy relief 180 mg tab	1	QL 30 / 30 days
qc allergy relief childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
qc childrens allergy	1	QL 300 / 30 days
qc complete allergy medicine	1	QL 6 / 1 days
qc fexofenadine hydrochloride	1	QL 30 / 30 days
qc loratadine allergy relief	1	QL 30 / 30 days
ra allergy 12.5 mg/5ml liquid	1	QL 30 / 1 days
ra allergy 25 mg tab	1	QL 6 / 1 days
ra allergy medication (ra allergy medication 25 mg cap, ra allergy medication 25 mg tab)	1	QL 6 / 1 days
ra allergy medication 12.5 mg/5ml liquid	1	QL 30 / 1 days
ra allergy relief 10 mg cap	1	
ra allergy relief 25 mg cap	1	QL 6 / 1 days
ra allergy relief childrens 12.5 mg/5ml liquid	1	QL 30 / 1 days
ra allergy relief childrens 5 mg chew tab	1	
ra complete allergy	1	QL 6 / 1 days
ra diphedryl allergy	1	QL 30 / 1 days
sb allergy 25 mg cap	1	QL 6 / 1 days
sb allergy medicine 12.5 mg/5ml liquid	1	QL 30 / 1 days
sb allergy medicine 25 mg tab	1	QL 6 / 1 days
siladryl allergy	1	QL 30 / 1 days
sm all day allergy	1	QL 120 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
sm all day allergy childrens	1	QL 300 / 30 days
sm all day allergy relief	1	QL 30 / 30 days
sm allergy childrens	1	QL 300 / 30 days
sm allergy relief (sm allergy relief 25 mg cap, sm allergy relief 25 mg tab)	1	QL 6 / 1 days
sm allergy relief 12.5 mg/5ml liquid	1	QL 30 / 1 days
sm allergy relief 60 mg tab	1	QL 60 / 30 days
sm allergy relief childrens	1	QL 30 / 1 days
sm childrens loratadine	1	QL 300 / 30 days
sm fexofenadine hcl 180 mg tab	1	QL 30 / 30 days
sm fexofenadine hcl 60 mg tab	1	QL 60 / 30 days
sm loratadine 10 mg tab	1	QL 30 / 30 days
sm loratadine 5 mg/5ml solution	1	QL 300 / 30 days
total allergy	1	QL 6 / 1 days
total allergy medicine	1	QL 30 / 1 days
wal-dryl allergy (wal-dryl allergy 25 mg cap, wal-dryl allergy 25 mg tab)	1	QL 6 / 1 days
wal-dryl allergy 12.5 mg/5ml liquid	1	QL 30 / 1 days
wal-dryl allergy childrens	1	QL 30 / 1 days
wal-zyr 10 mg cap	1	
XYZAL ALLERGY 24HR CHILDRENS	2	
ZYRTEC ALLERGY 10 MG CAP	2	
zyrtec allergy 10 mg tab	2	QL 120 / 30 days
ANTILEUKOTRIENES		
ACCOLATE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
montelukast sodium (montelukast sodium 4 mg chew tab, montelukast sodium 4 mg packet, montelukast sodium 5 mg chew tab, montelukast sodium 10 mg tab)	1	QL 30 / 30 days
SINGULAIR	2	QL 30 / 30 days
zafirlukast 10 mg tab	2	QL 4 / 1 days
zafirlukast 20 mg tab	2	QL 60 / 30 days
zileuton er	2	
ZYFLO	2	
BRONCHODILATORS, ANTICHOLINERGIC		
ATROVENT HFA	1	QL 12.9 / 26 days
INCRUSE ELLIPTA	1	QL 30 / 30 days
ipratropium bromide (ipratropium bromide 0.02 % solution, ipratropium bromide 0.03 % solution, ipratropium bromide 0.06 % solution)	1	
LONHALA MAGNAIR REFILL KIT	2	QL 60 / 30 days
LONHALA MAGNAIR STARTER KIT	2	QL 60 / 30 days
SPIRIVA HANDIHALER	1	QL 30 / 30 days
SPIRIVA RESPIMAT	1	QL 4 / 30 days
tiotropium bromide	2	
TUDORZA PRESSAIR	2	
YUPELRI	2	
BRONCHODILATORS, SYMPATHOMIMETIC		
albuterol sulfate (albuterol sulfate 0.63 mg/3ml nebu soln, albuterol sulfate 1.25 mg/3ml nebu soln, albuterol sulfate 2.5 mg/0.5ml nebu soln, albuterol sulfate (2.5 mg/3ml) 0.083% nebu soln, albuterol sulfate (5 mg/ml) 0.5% nebu soln)	1	
albuterol sulfate (albuterol sulfate 2 mg tab, albuterol sulfate 4 mg tab)	2	QL 4 / 1 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
albuterol sulfate (albuterol sulfate 2 mg/5ml syrup, albuterol sulfate 8 mg/20ml syrup)	1	QL 40 / 1 days
albuterol sulfate hfa	1	QLC 2 inhalers/month
arformoterol tartrate	2	QL 120 / 30 days
AUVI-Q (AUVI-Q 0.15 MG/0.15ML SOLN A-INJ, AUVI-Q 0.3 MG/0.3ML SOLN A-INJ)	2	
AUVI-Q 0.1 MG/0.1ML SOLN A-INJ	1	
BROVANA	2	QL 120 / 30 days
epinephrine (epinephrine 0.15 mg/0.15ml soln a-inj, epinephrine 0.15 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln a-inj, epinephrine 0.3 mg/0.3ml soln prsyr)	2	
epinephrine 0.15 mg/0.3ml soln a-inj (only mylan preferred)	1	
epinephrine 0.3 mg/0.3ml soln a-inj (only mylan preferred)	1	
EPIPEN 2-PAK	2	
EPIPEN JR 2-PAK	2	
eq sinus & congestion max str	1	
formoterol fumarate 20 mcg/2ml nebu soln	2	QL 120 / 30 days
gnp nasal decongestant 30 mg tab	1	
levalbuterol hcl (levalbuterol hcl 0.31 mg/3ml nebu soln, levalbuterol hcl 0.63 mg/3ml nebu soln, levalbuterol hcl 1.25 mg/3ml nebu soln)	1	
levalbuterol hcl 1.25 mg/0.5ml nebu soln	2	
levalbuterol tartrate	1	QL 30 / 30 days
NEFFY 2 MG/0.1ML SOLUTION	2	
PERFOROMIST	2	QL 120 / 30 days
PROAIR DIGIHALER	2	
PROAIR HFA	1	QLC 2 inhalers/month
PROAIR RESPICLICK	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROVENTIL HFA	1	QLC 2 inhalers/month
SEREVENT DISKUS	1	QL 60 / 30 days
STRIVERDI RESPIMAT	1	QL 4 / 30 days
sudafed	1	
sudafed sinus congestion	1	
SYMJEPI	2	
terbutaline sulfate (terbutaline sulfate 2.5 mg tab, terbutaline sulfate 5 mg tab)	2	QL 90 / 30 days
VENTOLIN HFA	1	QLC 2 inhalers/month
XOPENEX	2	
XOPENEX CONCENTRATE	2	
XOPENEX HFA	1	QL 30 / 30 days
CYSTIC FIBROSIS AGENTS		
BETHKIS	2	
CAYSTON	2	
KITABIS PAK	2	
TOBI	2	
TOBI PODHALER	2	
tobramycin 300 mg/4ml nebu soln	2	
tobramycin 300 mg/5ml nebu soln	1	
MAST CELL STABILIZERS		
cromolyn sodium 20 mg/2ml nebu soln	1	QL 240 / 30 days
cromolyn sodium 5.2 mg/act aero soln	1	QL 30 / 30 days
PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE		
caffeine citrate 20 mg/ml solution	1	
DALIRESP	2	
elixophyllin	1	QL 2250 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JASCAYD	2	QL 60 / 30 day(s)
OHTUVAYRE	2	
roflumilast	2	
THEO-24 (THEO-24 200 MG CAP ER 24H, THEO-24 300 MG CAP ER 24H, THEO-24 400 MG CAP ER 24H)	1	
theophylline (theophylline 80 mg/15ml elixir, theophylline 80 mg/15ml solution)	1	QL 2250 / 30 days
theophylline er (theophylline er 400 mg tab er 24h, theophylline er 450 mg tab er 12h, theophylline er 600 mg tab er 24h)	1	QL 30 / 30 days
theophylline er 300 mg tab er 12h	1	QL 60 / 30 days
PULMONARY ANTIHYPERTENSIVES		
ADCIRCA	2	QL 60 / 30 days PA
ADEMPAS	2	
alyq	2	QL 60 / 30 days PA
ambrisentan	1	PA
bosentan (bosentan 62.5 mg tab, bosentan 125 mg tab)	1	PA
bosentan 32 mg tab sol	2	
LETAIRIS	2	
LIQREV	2	
OPSUMIT	2	
OPSYNVI	2	
ORENITRAM	2	
ORENITRAM MONTH 1	2	
ORENITRAM MONTH 2	2	
ORENITRAM MONTH 3	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
REVATIO 10 MG/ML RECON SUSP	1	PA
REVATIO 20 MG TAB	2	
sildenafil citrate 10 mg/ml recon susp	1	
sildenafil citrate 20 mg tab	1	PA
tadalafil (pah)	1	QL 60 / 30 days PA
TADLIQ	2	
TRACLEER	2	
TYVASO	1	PA
TYVASO DPI INSTITUTIONAL KIT	1	PA
TYVASO DPI MAINTENANCE KIT	1	PA
TYVASO DPI TITRATION KIT	1	PA
TYVASO REFILL	1	PA
TYVASO STARTER	1	PA
UPTRAVI (UPTRAVI 200 & 800 MCG TAB THPK, UPTRAVI 200 MCG TAB, UPTRAVI 400 MCG TAB, UPTRAVI 600 MCG TAB, UPTRAVI 800 MCG TAB, UPTRAVI 1000 MCG TAB, UPTRAVI 1200 MCG TAB, UPTRAVI 1400 MCG TAB, UPTRAVI 1600 MCG TAB)	2	
VENTAVIS	1	PA
YUTREPIA	2	
PULMONARY FIBROSIS AGENTS		
ESBRIET	2	
OFEV	1	PA
pirfenidone	1	PA
RESPIRATORY TRACT AGENTS, OTHER		
12 hour allergy-d	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
12hr allergy & congestion	1	
24hr allergy & congestion reli	1	
acetylcysteine (acetylcysteine 10 % solution, acetylcysteine 20 % solution)	1	
ADVAIR DISKUS	1	QL 60 / 30 days
ADVAIR HFA	1	QL 12 / 30 days
afrin 12 hour	1	
afrin nodrip childrens	1	
afrin nodrip extra moisture	1	
afrin nodrip night	1	
afrin nodrip original	1	
afrin nodrip severe congest	1	
afrin nodrip sinus	1	
afrin original	1	
afrin severe congestion	1	
AIRDUO DIGIHALER	2	
AIRDUO RESPICLICK 113/14	2	
AIRDUO RESPICLICK 232/14	2	
AIRDUO RESPICLICK 55/14	2	
AIRSUPRA	2	
alavert d-12 hour allergy/cong	2	
all day allergy d	1	
all day allergy-d	1	
allergy nasal spray (momet)	2	
allergy relief 50 mcg/act suspension	2	QL 16 / 20 days
allergy relief d 5-120 mg tab er 12h	1	
allergy relief d-12	1	
allergy relief d-24	1	
allergy relief d12 5-120 mg tab er 12h	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
allergy relief-d 10-240 mg tab er 24h	1	
allergy relief/nasal decongest (allergy relief/nasal decongest 5-120 mg tab er 12h, allergy relief/nasal decongest 10-240 mg tab er 24h)	1	
allergy-d 12hr	1	
allergy-d 24hr	1	
allergy/congestion relief	1	
altarussin dm	1	QL 240 / 14 days
altituss	1	QL 240 / 14 days
ANORO ELLIPTA	1	QL 60 / 30 days
antihistamine & nasal deconges	1	
azelastine-fluticasone	2	
benzonatate 100 mg cap	1	
benzonatate 200 mg cap	1	QL 90 / 30 days
BEVESPI AEROSPHERE	1	
biocotron	1	QL 240 / 14 days
BREO ELLIPTA (BREO ELLIPTA 100-25 MCG/ACT AER POW BA, BREO ELLIPTA 200-25 MCG/ACT AER POW BA)	2	QL 60 / 30 days
BREO ELLIPTA 50-25 MCG/INH AER POW BA	2	
breyna	2	QLC 4 inhalers/90 days
BREZTRI AEROSPHERE	2	QL 10.7 / 30 days
bromfed dm	1	
budesonide-formoterol fumarate	2	QLC 4 inhalers/90 days
cetirizine-pseudoephedrine er	1	
chest congestion relief dm 10-100 mg/5ml syrup	1	QL 240 / 14 days
CINQAIR	2	
CLARINEX-D 12 HOUR	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLARITIN-D 24 HOUR	2	
COMBIVENT RESPIMAT	1	QL 4 / 20 days
cough/chest congestion dm	1	QL 240 / 14 days
cvs allergy relief d (cvs allergy relief d 5-120 mg tab er 12h, cvs allergy relief d 60-120 mg tab er 12h)	1	
cvs allergy relief d24	1	
cvs allergy relief-d 5-120 mg tab er 12h	1	
cvs allergy relief-d12	1	
cvs fluticasone propionate	2	QL 16 / 20 days
cvs mucus extended release 600 mg tab er 12h	1	QL 120 / 30 day(s)
cvs tussin dm (cvs tussin dm 10-100 mg/5ml liquid, cvs tussin dm 20-200 mg/10ml liquid, cvs tussin dm 200-20 mg/10ml liquid)	1	QL 240 / 14 days
dextromethorphan-guaifenesin (dextromethorphan-guaifenesin 10-100 mg/5ml liquid, dextromethorphan-guaifenesin 10-100 mg/5ml syrup, dextromethorphan-guaifenesin 20-200 mg/10ml liquid, dextromethorphan-guaifenesin 20-200 mg/10ml syrup)	1	QL 240 / 14 days
diabetic tussin dm	1	QL 240 / 14 days
DUAKLIR PRESSAIR	2	
DULERA	1	QLC 4 inhalers/90 days
DYMISTA	2	
eq 12 hour mucus relief	1	QL 120 / 30 day(s)
eq mucus er 600 mg tab er 12h	1	QL 120 / 30 day(s)
eq mucus relief	1	QL 120 / 30 day(s)
eq tussin dm cough/chest	1	QL 240 / 14 days
eql tussin dm cough/chest cong	1	QL 240 / 14 days
EXDENSUR	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FASENRA	1	PA
FASENRA PEN	1	PA
fexofenadine-pseudoephed er	1	
flonase allergy rel childrens	2	QL 16 / 20 days
fluticasone furoate-vilanterol	2	
fluticasone-salmeterol (fluticasone-salmeterol 100-50 mcg/act aer pow ba, fluticasone-salmeterol 250-50 mcg/act aer pow ba, fluticasone-salmeterol 500-50 mcg/act aer pow ba)	1	QL 60 / 30 days
fluticasone-salmeterol (fluticasone-salmeterol 45-21 mcg/act aerosol, fluticasone-salmeterol 115-21 mcg/act aerosol, fluticasone-salmeterol 230-21 mcg/act aerosol)	2	
fluticasone-salmeterol (fluticasone-salmeterol 55-14 mcg/act aer pow ba, fluticasone-salmeterol 113-14 mcg/act aer pow ba, fluticasone-salmeterol 232-14 mcg/act aer pow ba)	1	QL 1 / 30 days
ft all day allergy-d	1	
ft allergy & congestion-d 12hr	1	
ft allergy d-12 hour	1	
ft allergy relief 24 hr	2	QL 16 / 20 days
ft allergy relief-d	1	
ft mucus relief 12hr	1	QL 120 / 30 day(s)
ft mucus relief 12hr max str	1	
ft mucus relief dm 30-600 mg tab er 12h	1	QL 120 / 30 days
ft nasal spray	1	
geri-tussin 100 mg/5ml liquid	1	
geri-tussin dm	1	QL 240 / 14 days
giltuss cough & chest	1	QL 240 / 14 days
giltuss cough & chest children	1	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
giltuss diabetic cough & cold	1	QL 240 / 14 days
giltuss honey cgh/chest conges	1	QL 240 / 14 days
giltuss honey cgh/chst child	1	QL 240 / 14 days
gnp all day allergy-d	1	
gnp allergy & congestion	1	
gnp allergy/congestion relief	1	
gnp fexofenadine/pse er	1	
gnp fluticasone propionate	2	QL 16 / 20 days
gnp loratadine-d 12hr	1	
gnp mucus er 1200 mg tab er 12h	1	
gnp mucus er 600 mg tab er 12h	1	QL 120 / 30 day(s)
gnp nasal mist extra moisturiz	1	
gnp tussin adult	1	
gnp tussin dm 20-200 mg/10ml liquid	1	QL 240 / 14 days
gnp tussin dm cough	1	QL 240 / 14 days
goodsense 24-hr allergy nasal	2	QL 16 / 20 days
goodsense all day allergy-d	1	
goodsense mucus er	1	QL 120 / 30 day(s)
goodsense mucus er maximum str	1	
guaiasorb dm	1	QL 240 / 14 days
guaicon dms	1	QL 240 / 14 days
guaifed	1	
guaifed-dm	1	QL 240 / 14 days
guaifenesin (guaifenesin 100 mg/5ml liquid, guaifenesin 200 mg/10ml liquid, guaifenesin 300 mg/15ml liquid)	1	
guaifenesin dm	1	QL 240 / 14 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
guaifenesin er 1200 mg tab er 12h	1	
guaifenesin er 600 mg tab er 12h	1	QL 120 / 30 day(s)
guaifenesin-dm	1	QL 240 / 14 days
hm allergy & congestion	1	
hm allergy complete-d	1	
hm allergy relief 50 mcg/act suspension	2	QL 16 / 20 days
hm allergy relief/nasal decong	1	
hm mucus relief	1	QL 120 / 30 day(s)
hm mucus relief er max st	1	
hm tussin adult dm	1	QL 240 / 14 days
ipratropium-albuterol	1	
kls aller-flo	2	QL 16 / 20 days
kls aller-tec d	1	
kls allerclear d-12hr	1	
kls allerclear d-24hr	1	
loratadine-d 12hr	1	
loratadine-d 24hr	1	
max tussin dm cough&chest cong	1	QL 240 / 14 days
maxi-tuss g	1	QL 240 / 14 days
medi-tussin dm	1	QL 240 / 14 days
meijer allergy relief-d	1	
mucinex	1	QL 120 / 30 days
mucinex dm	1	QL 120 / 30 days
mucinex maximum strength	1	
mucolyte	1	
mucolyte-dm	1	QL 240 / 14 days
mucus & chest congestion 200 mg/10ml liquid	1	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
mucus dm	1	QL 120 / 30 days
mucus relief 600 mg tab er 12h	1	QL 120 / 30 day(s)
mucus relief dm 30-600 mg tab er 12h	1	QL 120 / 30 days
mucus relief er 1200 mg tab er 12h	1	
mucus relief er 600 mg tab er 12h	1	QL 120 / 30 day(s)
mucus relief max st	1	
mucus-dm	1	QL 120 / 30 days
nasal decongestant spray	1	
nasal moisturizing spray	1	
NUCALA (NUCALA 40 MG/0.4ML SOLN PRSYR, NUCALA 100 MG RECON SOLN, NUCALA 100 MG/ML SOLN A-INJ, NUCALA 100 MG/ML SOLN PRSYR)	1	PA
ocean nasal spray	1	
PROMETHAZINE VC	1	QL 6 / 1 days
promethazine-dm	1	
PROMETHAZINE-PHENYLEPHRINE	1	QL 6 / 1 days
pseudoeph-bromphen-dm	1	
px allergy relief d (loratid)	1	
px tussin dm	1	QL 240 / 14 days
qc allergy relief 50 mcg/act suspension	2	QL 16 / 20 days
qc loratadine-d	1	
qc mucus relief	1	QL 120 / 30 day(s)
qc mucus relief max st	1	
qc tussin dm cough/congestion	1	QL 240 / 14 days
ra allergy/congestion	1	
ra allergy/congestion relief	1	
ra mucus relief	1	QL 120 / 30 day(s)

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ra tussin cgh/chest congest dm	1	QL 240 / 14 days
ra tussin cough	1	QL 240 / 14 days
ra tussin cough dm sugar free	1	QL 240 / 14 days
ra tussin dm	1	QL 240 / 14 days
robafen dm cgh/chest congest	1	QL 240 / 14 days
robafen dm cough 10-100 mg/5ml liquid	1	QL 240 / 14 days
RYALTRIS	2	
safe tussin dm	1	QL 240 / 14 days
safetussin dm cough/chest cong	1	QL 240 / 14 days
siltussin dm das	1	QL 240 / 14 days
siltussin-dm alcohol free	1	QL 240 / 14 days
SINUVA	2	
sm all day allergy-d	1	
sm allergy relief 50 mcg/act suspension	2	QL 16 / 20 days
sm lorata-dine d	1	
sm loratadine d 12hr	1	
sm mucus relief	1	QL 120 / 30 day(s)
sm tussin cough/chest congest (sm tussin cough/chest congest 20-200 mg/10ml liquid, sm tussin cough/chest congest 100-10 mg/5ml syrup)	1	QL 240 / 14 days
sm tussin dm	1	QL 240 / 14 days
sodium chloride 7 % nebu soln	1	QL 480 / 30 days
sorbugen nr	1	QL 240 / 14 days
sorbutuss nr	1	QL 240 / 14 days
STIOLTO RESPIMAT	1	QL 4 / 30 days
SYMBICORT	1	QLC 4 inhalers/90 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TEZSPIRE	1	QL 1.91 mL / 28 day(s) PA
theraflu severe congestion rel	1	
TRELEGY ELLIPTA	1	QL 60 / 30 days
true nasal moisturizing	1	
tusnel diabetic	1	QL 240 / 14 days
tussin	1	
tussin cough+chest cong dm sf	1	QL 240 / 14 days
tussin cough+chest congest dm	1	QL 240 / 14 days
tussin dm	1	QL 240 / 14 days
tussin dm cough & chest conges	1	QL 240 / 14 days
tussin dm cough + chest 200-20 mg/10ml liquid	1	QL 240 / 14 days
tussin mucus+chest congest sf	1	
tussin mucus+chest congestion	1	
umeclidinium-vilanterol	2	
vicks sinex 12 hour decongest	1	
vicks sinex moisturizing	1	
vicks sinex severe 0.05 % solution	1	
vicks sinex severe decongest	1	
wal-fex d allergy & congestion 180-240 mg tab er 24h	1	
wal-itin d	1	
wal-tussin cough/chest dm	1	QL 240 / 14 days
wal-tussin dm cgh/chest cong	1	QL 240 / 14 days
wixela inhub	2	QL 60 / 30 days
zyrtec-d allergy & sinus	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SKELETAL MUSCLE RELAXANTS		
AMRIX	2	
BOTOX	1	PA
carisoprodol 250 mg tab	2	
carisoprodol 350 mg tab	2	QL 4 / 1 days
chlorzoxazone (chlorzoxazone 250 mg tab, chlorzoxazone 375 mg tab, chlorzoxazone 750 mg tab)	2	
chlorzoxazone 500 mg tab	2	QL 180 / 30 days
cyclobenzaprine hcl 10 mg tab	1	QL 90 / 30 days
cyclobenzaprine hcl 5 mg tab	1	QL 180 / 30 days
cyclobenzaprine hcl 7.5 mg tab	1	
cyclobenzaprine hcl er	2	
DYSPORT	1	PA
fexmid	2	
lorzone	2	
METAXALONE (METAXALONE 400 MG TAB, METAXALONE 640 MG TAB, METAXALONE 800 MG TAB)	2	
methocarbamol 1000 mg tab	1	
methocarbamol 500 mg tab	1	QL 480 / 30 day(s)
methocarbamol 750 mg tab	1	QL 300 / 30 days
MYOBLOC	2	
NORGESIC	2	
NORGESIC FORTE	2	
orphenadrine citrate er	2	QL 60 / 30 days
ORPHENADRINE-ASPIRIN-CAFFEINE	2	
ORPHENGESIC FORTE	2	

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SKELAXIN	2	
SOMA	2	
tanlor	2	
vanadom	2	QL 4 / 1 days
XEOMIN	2	
SLEEP DISORDER AGENTS		
SLEEP PROMOTING AGENTS		
AMBIEN	2	QL 30 / 30 days
AMBIEN CR	2	QL 30 / 30 days
BELSOMRA	2	QL 30 / 30 days
cvs sleep aid	1	QL 4 / 1 days
cvs sleep aid nighttime 25 mg tab	1	QL 4 / 1 days
cvs sleep-aid (doxylamine)	1	QL 4 / 1 days
cvs sleepaid (diphenhydramine)	1	QL 4 / 1 days
cvs ultra sleep	1	QL 4 / 1 days
DAYVIGO	2	
DORAL	2	
doxepin hcl (doxepin hcl 3 mg tab, doxepin hcl 6 mg tab)	2	
EDLUAR	2	QL 30 / 30 days
eq sleep-aid	1	QL 4 / 1 days
eql nighttime sleep aid 25 mg tab	1	QL 4 / 1 days
eql sleep aid 25 mg tab	1	QL 4 / 1 days
estazolam	2	QL 30 / 30 days
eszopiclone	1	QL 30 / 30 days
FLURAZEPAM HCL	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ft nighttime sleep aid	1	QL 4 / 1 days
ft sleep aid (doxylamine)	1	QL 4 / 1 days
gnp nighttime sleep (doxylam)	1	QL 4 / 1 days
gnp sleep aid 25 mg tab	1	QL 4 / 1 days
gnp sleep aid nighttime	1	QL 4 / 1 days
goodsense sleep aid ultra	1	QL 4 / 1 days
HALCION	2	
HETLIOZ	2	QL 30 / 30 days
HETLIOZ LQ	2	QL 158 mL / 30 day(s)
hm nighttime sleep aid	1	QL 4 / 1 days
hm sleep aid	1	QL 4 / 1 days
kls sleep aid	1	QL 4 / 1 days
LUNESTA	2	QL 30 / 30 days
night time sleep aid	1	QL 4 / 1 days
nighttime sleep aid	1	QL 4 / 1 days
nytol quickcaps	1	QL 4 / 1 days
qc rest simply	1	QL 4 / 1 days
QUAZEPAM	2	
QUVIVIQ	2	
ra night sleep aid	1	QL 4 / 1 days
ra nighttime sleep aid	1	QL 4 / 1 days
ra sleep aid (diphenhydramine)	1	QL 4 / 1 days
ra sleep aid 25 mg tab	1	QL 4 / 1 days
ramelteon	2	
RESTORIL	2	QL 30 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROZEREM	2	
sb sleep	1	QL 4 / 1 days
SILENOR	2	
simply sleep	1	QL 4 / 1 days
sleep aid (diphenhydramine)	1	QL 4 / 1 days
sleep aid (doxylamine)	1	QL 4 / 1 days
sleep aid 25 mg tab	1	QL 4 / 1 days
sleep ii	1	QL 4 / 1 days
sleep tabs	1	QL 4 / 1 days
sleep-aid 25 mg tab	1	QL 4 / 1 days
sleep-tabs	1	QL 4 / 1 days
sm nighttime sleep aid	1	QL 4 / 1 days
sm sleep aid	1	QL 4 / 1 days
sominex nighttime sleep-aid	1	QL 4 / 1 days
tasimelteon	2	QL 30 / 30 day(s)
temazepam (temazepam 15 mg cap, temazepam 30 mg cap)	1	QL 30 / 30 days AL1 At least 21 yrs old C Age restriction, clinical PA required
temazepam (temazepam 7.5 mg cap, temazepam 22.5 mg cap)	2	QL 30 / 30 days
triazolam 0.125 mg tab	2	QL 60 / 30 days
triazolam 0.25 mg tab	2	QL 30 / 30 days
unisom sleeptabs	1	QL 4 / 1 days
wal-som 25 mg tab	1	QL 4 / 1 days
zaleplon	1	QL 60 / 30 days

DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOLPIDEM TARTRATE (ZOLPIDEM TARTRATE 1.75 MG SL TAB, ZOLPIDEM TARTRATE 3.5 MG SL TAB)	2	QL 30 / 30 days
zolpidem tartrate (zolpidem tartrate 5 mg tab, zolpidem tartrate 10 mg tab)	1	QL 30 / 30 days
ZOLPIDEM TARTRATE 7.5 MG CAP	2	
zolpidem tartrate er	2	QL 30 / 30 days
ZOLPIMIST	2	
WAKEFULNESS PROMOTING AGENTS		
armodafinil	1	PA
modafinil (modafinil 100 mg tab, modafinil 200 mg tab)	1	PA
NUVIGIL	2	
PROVIGIL	2	
SUNOSI	2	
WAKIX	2	
WEIGHT LOSS AGENTS		
WEGOVY (WEGOVY 1.5 MG TAB, WEGOVY 4 MG TAB, WEGOVY 9 MG TAB, WEGOVY 25 MG TAB)	2	

Appendix

1

12 hour allergy-d . . . 362
12hr allergy & congestion . . . 363
12hr allergy relief . . . 348
1ST TIER UNILET COMFORTOUCH . . . 291

2

24hr allergy & congestion reli . . . 363
24hr allergy relief . . . 348

3

3 day vaginal . . . 58

7

7 day vaginal . . . 58

8

8 hr arthritis pain relief . . . 159
8hr muscle aches & pain relief . . . 159

A

A THRU Z ADVANCED . . . 208
A THRU Z ADVANCED ADULT . . . 208
A THRU Z HIGH POTENCY . . . 208
A THRU Z SELECT . . . 208
A THRU Z SELECT 50+ ADVANCED . . . 208
A THRU Z SELECT 50+ MENS . . . 208
A THRU Z SELECT ADVANCED . . . 208
A THRU Z SELECT ULTIMATE WOMEN . . . 208
A THRU Z ULTIMATE MENS . . . 208
a&d . . . 182
a+d prevent . . . 182
abacavir sulfate . . . 102
abacavir sulfate-lamivudine . . . 102
abigale . . . 255
abigale lo . . . 255
ABILIFY . . . 86
ABILIFY ASIMTUFII . . . 86
ABILIFY MAINTENA . . . 86
ABILIFY MYCITE . . . 86
ABILIFY MYCITE MAINTENANCE KIT . . . 87
ABILIFY MYCITE STARTER KIT . . . 87
abiraterone acetate . . . 70
abirtega . . . 70
abreva . . . 106
ABRILADA (1 PEN) . . . 279
ABRILADA (2 PEN) . . . 279
ABRILADA (2 SYRINGE) . . . 279
ABSORICA . . . 170
ABSORICA LD . . . 170
acamprosate calcium . . . 25
ACANYA . . . 170
acarbose . . . 112
ACCOLATE . . . 357
ACCU-CHEK AVIVA PLUS . . . 291
ACCU-CHEK FASTCLIX LANCETS . . . 291
ACCU-CHEK GUIDE . . . 291
ACCU-CHEK GUIDE ME . . . 291
ACCU-CHEK GUIDE TEST . . . 291
ACCU-CHEK SAFE-T PRO LANCETS . . . 291
ACCU-CHEK SMARTVIEW . . . 291
ACCU-CHEK SOFTCLIX LANCETS . . . 292
ACCUPRIL . . . 131
ACCURETIC . . . 138
accutane . . . 170
ACCUTREND GLUCOSE . . . 292
acebutolol hcl . . . 133
acetaminophen . . . 159
acetaminophen childrens . . . 159
acetaminophen extra strength . . . 159
acetaminophen infants . . . 159
acetaminophen-codeine . . . 16
acetazolamide . . . 138
acetazolamide er . . . 344
acetic acid . . . 345
acetylcysteine . . . 363
acid reducer . . . 238,240
acid reducer complete . . . 238
acid reducer maximum strength . . . 238
ACIPHEX . . . 240
acitretin . . . 170

acne medication . . . 170
acne medication 10 . . . 170
acne medication 2.5 . . . 170
acne medication 5 . . . 170
ACTEMRA . . . 274
ACTEMRA ACTPEN . . . 274
ACTI-LANCE 28G . . . 292
ACTI-LANCE LITE LANCETS 28G . . . 292
ACTI-LANCE SPECIAL LANCETS 17G . . . 292
ACTI-LANCE UNIVERSAL 23G . . . 292
actiflovit ear health . . . 208
ACTIQ . . . 16
ACTIVE FE . . . 196
ACTIVELLA . . . 255
ACTIVITE . . . 208
ACTONEL . . . 288
ACTOPLUS MET . . . 112
ACTOS . . . 112
ACULAR . . . 341
ACULAR LS . . . 341
ACUVAIL . . . 341
acyclovir . . . 106,193
ACZONE . . . 193
ADACEL . . . 285
ADAKVEO . . . 246
ADALIMUMAB-AACF (2 PEN) . . . 279
ADALIMUMAB-AACF (2 SYRINGE) . . . 279
ADALIMUMAB-AACF(CD/UC/HS STRT) . . . 279
ADALIMUMAB-AACF(PS/UV STARTER) . . . 279
ADALIMUMAB-AATY (1 PEN) . . . 279
ADALIMUMAB-AATY (2 PEN) . . . 279
ADALIMUMAB-AATY (2 SYRINGE) . . . 279
ADALIMUMAB-AATY CD/UC/HS START . . . 279
ADALIMUMAB-ADAZ . . . 279
ADALIMUMAB-ADBM (2 PEN) . . . 279
ADALIMUMAB-ADBM (2 SYRINGE) . . . 279,280
ADALIMUMAB-ADBM(CD/UC/HS STRT) . . . 280
ADALIMUMAB-ADBM(PS/UV STARTER) . . . 280
ADALIMUMAB-BWWD . . . 280
ADALIMUMAB-FKJP (2 PEN) . . . 280
ADALIMUMAB-FKJP (2 SYRINGE) . . . 280
ADALIMUMAB-RYVK (1 PEN) . . . 280
ADALIMUMAB-RYVK (2 PEN) . . . 280
ADALIMUMAB-RYVK (2 SYRINGE) . . . 280
adapalene . . . 170
ADAPALENE . . . 170
adapalene 0.3 % gel pump . . . 170
adapalene 0.3 % gel tube . . . 171
adapalene treatment . . . 171
adapalene-benzoyl peroxide . . . 171
ADBRY . . . 174
ADCIRCA . . . 361
ADDERALL . . . 149
ADDERALL XR . . . 149
adefovir dipivoxil . . . 99
ADEK GUMMIES PLUS ZN . . . 208
ADEMPAS . . . 361
ADHANSIA XR . . . 152
ADLARITY . . . 46
ADLYXIN . . . 112
ADLYXIN STARTER PACK . . . 112
ADMELOG . . . 119
ADMELOG SOLOSTAR . . . 119
ADTHYZA . . . 269
ADULT ONE DAILY GUMMIES . . . 208
ADVAIR DISKUS . . . 363
ADVAIR HFA . . . 363
ADVANCED MOBILE LANCET . . . 292
ADVANCED MULTI EA . . . 208
advantage care electrolyte ped . . . 196
ADVANTAGE SAFETY LANCETS 28G . . . 292
ADVATE . . . 126
advil . . . 6
advil liqui-gels minis . . . 6
ADVOCATE ALCOHOL PREP PADS . . . 292
ADVOCATE BLOOD GLUCOSE MONITOR . . . 292
ADVOCATE BLOOD GLUCOSE SYSTEM . . . 292
ADVOCATE INSULIN SYRINGE . . . 292
ADVOCATE LANCETS . . . 292
ADVOCATE LANCETS 30G . . . 292
ADVOCATE REDI-CODE . . . 292
ADVOCATE REDI-CODE+ . . . 292

ADVOCATE REDI-CODE+ TEST 292
ADVOCATE SAFETY LANCETS 292
ADVOCATE SAFETY LANCETS 21G 292
ADVOCATE SAFETY LANCETS 23G 292
ADVOCATE SAFETY LANCETS 26G 293
ADVOCATE SAFETY LANCETS 28G 293
ADVOCATE TEST 293
ADYNOVATE 126
ADZENYS XR-ODT 149
AEMCOLO 236
AEROCHAMBER MV 293
AEROCHAMBER PLUS FLO-VU 293
AEROCHAMBER PLUS FLO-VU INTERM 293
AEROCHAMBER PLUS FLO-VU LARGE 293
AEROCHAMBER PLUS FLO-VU MEDIUM 293
AEROCHAMBER PLUS FLO-VU SMALL 293
AEROCHAMBER PLUS FLO-VU W/MASK 293
AEROCHAMBER PLUS FLOW VU 293
AEROCHAMBER W/FLOWSIGNAL 293
AEROCHAMBER Z-STAT PLUS CHAMBR 293
AEROCHAMBER Z-STAT PLUS/LARGE 293
AEROCHAMBER Z-STAT PLUS/MEDIUM 293
AEROCHAMBER2GO ANTI-STATIC 293
AEROECLIPSE II NEBULIZER 293
AFINITOR 72
AFINITOR DISPERZ 72
afirmelle 255
AFLURIA QUADRIVALENT 285
AFREZZA 119
afrin 12 hour 363
afrin nodrip childrens 363
afrin nodrip extra moisture 363
afrin nodrip night 363
afrin nodrip original 363
afrin nodrip severe congest 363
afrin nodrip sinus 363
afrin original 363
afrin severe congestion 363
AFSTYLA 126
aftera 266
afterpill 266
AGAMATRIX AMP 293
AGAMATRIX AMP TEST 293
AGAMATRIX JAZZ TEST 293
AGAMATRIX JAZZ WIRELESS 2 293
AGAMATRIX PRESTO 293
AGAMATRIX PRESTO PRO METER 293
AGAMATRIX PRESTO TEST 293
AGAMATRIX ULTRA-THIN LANCETS 293
AGAMREE 246
AGONEAZE 21
AIMOVIG 66
AIMSCO TWIST LANCETS 32G 293
AIMSCO TWIST LANCETS 33G 293
AIRBORNE 196
airborne 208
AIRBORNE ELDERBERRY 196
AIRBORNE GUMMIES 209
AIRBORNE KIDS 209
AIRBORNE+GOOD REST 209
AIRBORNE+PROBIOTIC 209
AIRDUO DIGIHALER 363
AIRDUO RESPICLICK 113/14 363
AIRDUO RESPICLICK 232/14 363
AIRDUO RESPICLICK 55/14 363
AIRSUPRA 363
AJOVY 66
ak-poly-bac 336
AKEEGA 71
AKLIEF 171
AKYNZEO 56
AKYNZEO (READY-TO-USE) 56
al12 174
ALA SCALP 174
ala-cort 175
alavert 348
alavert d-12 hour allergy/cong 363
alaway 339
alaway childrens allergy 339
albuterol sulfate 358,359
albuterol sulfate hfa 359
alclometasone dipropionate 175

ALCOH-GLOVE CONTOURED WIPE . . . 294
ALCOHOL PADS . . . 294
ALCOHOL PREP . . . 294
ALCOHOL PREP PADS . . . 294
ALCOHOL SWABS . . . 294
ALCOHOL SWABSTICK . . . 294
alcohol wipes . . . 294
ALDACTAZIDE . . . 138
ALDARA . . . 182
ALECENSA . . . 72
alendronate sodium . . . 288
aler-cap . . . 348
alertab . . . 348
ALEVAZOL . . . 58
aleve . . . 6
aleve arthritis pain . . . 6
alfuzosin hcl er . . . 248
ALHEMO . . . 126
aliskiren fumarate . . . 139
ALIVE DAILY ENERGY . . . 196
ALIVE GUMMIES FOR CHILDREN . . . 209
ALIVE HAIR, SKIN & NAILS . . . 209
ALIVE IMMUNE/ELDERBERRY . . . 196
ALIVE MULTI-VITAMIN . . . 209
ALIVE MULTI-VITAMIN CHILDRENS . . . 209
ALIVE PRENATAL . . . 209
ALIVE WOMENS 50+ . . . 209
ALIVE WOMENS 50+ GUMMY . . . 209
ALIVE WOMENS GUMMY . . . 209
alka-seltzer plus allergy . . . 348
ALKINDI SPRINKLE . . . 287
all day allergy . . . 348
all day allergy childrens . . . 348
all day allergy d . . . 363
all day allergy-d . . . 363
all day pain relief . . . 6
all day relief . . . 6
all-day allergy childrens . . . 348
allegra allergy . . . 348
allegra allergy childrens . . . 349
allegra hives 24hr . . . 349
aller-ease . . . 349
allergy . . . 349
allergy (cetirizine) . . . 349
allergy 24-hr . . . 349
allergy childrens . . . 349
allergy nasal spray (momet) . . . 363
allergy rel child (loratadine) . . . 349
allergy relief . . . 349,363
allergy relief (cetirizine) . . . 349
allergy relief (loratadine) . . . 349
allergy relief ceterizine . . . 349
allergy relief cetirizine . . . 349
allergy relief childrens . . . 349
allergy relief d . . . 363
allergy relief d-12 . . . 363
allergy relief d-24 . . . 363
allergy relief d12 . . . 363
allergy relief-d . . . 364
allergy relief/nasal decongest . . . 364
allergy-d 12hr . . . 364
allergy-d 24hr . . . 364
allergy/congestion relief . . . 364
allopurinol . . . 66
ALLZITAL . . . 159
almotriptan malate . . . 67
ALOCRIL . . . 339
ALOE VESTA CLEAR ANTIFUNGAL . . . 58
alogliptin benzoate . . . 112
alogliptin-metformin hcl . . . 112
alogliptin-pioglitazone . . . 112
ALOMIDE . . . 339
ALORA . . . 255
alosetron hcl . . . 236
ALPHA BETIC . . . 196
ALPHAGAN P . . . 344
ALPHANATE . . . 126
ALPHANINE SD . . . 126
alprazolam . . . 107
alprazolam er . . . 107
ALPRAZOLAM INTENSOL . . . 108
alprazolam xr . . . 108

ALPROLIX . . . 126
ALREX . . . 341
ALTACE . . . 131
ALTAFRIN . . . 336
altarussin dm . . . 364
altavera . . . 255
altituss . . . 364
ALTOPREV . . . 144
ALTRENO . . . 171
ALTRIXA OB . . . 209
ALTUVIIIO . . . 126
ALUNBRIG . . . 72
ALVESCO . . . 346
alyacen 1/35 . . . 255
alyacen 7/7/7 . . . 255
alyq . . . 361
amabelz . . . 255
amantadine hcl . . . 81
AMARYL . . . 113
AMBIEN . . . 373
AMBIEN CR . . . 373
ambrisentan . . . 361
amcinonide . . . 175
AMERGE . . . 67
amethia . . . 255
amethyst . . . 255
amiloride hcl . . . 143
amiloride-hydrochlorothiazide . . . 139
aminocaproic acid . . . 127
aminofen . . . 159
amiodarone hcl . . . 132
AMITIZA . . . 230
amitriptyline hcl . . . 52
AMJEVITA . . . 280
AMJEVITA-PED 15KG TO <30KG . . . 280
amlactin daily . . . 175
amlactin daily nourish . . . 175
amlactin intensive healing . . . 182
amlodipine besy-benazepril hcl . . . 139
amlodipine besylate . . . 135
amlodipine besylate-valsartan . . . 139
amlodipine-atorvastatin . . . 139
amlodipine-olmesartan . . . 139
amlodipine-valsartan-hctz . . . 139
ammonium lactate . . . 175
amnesteem . . . 171
amoxapine . . . 52
amoxicill-clarithro-lansopraz . . . 236
amoxicillin . . . 33
amoxicillin-pot clavulanate . . . 33
amoxicillin-pot clavulanate er . . . 33
amphet-dextroamphet 3-bead er . . . 149
amphetamine er . . . 149
amphetamine sulfate . . . 149
amphetamine-dextroamphet er . . . 149
amphetamine-dextroamphetamine . . . 150
ampicillin . . . 33
AMPYRA . . . 167
AMRIX . . . 372
AMZEEQ . . . 171
ANAFRANIL . . . 52
anastrozole . . . 72
ANCOBON . . . 58
ANDEMBRY . . . 273
ANDRODERM . . . 253
ANDROGEL . . . 253
ANDROGEL PUMP . . . 253
anecream . . . 21
ANGELIQ . . . 255
anlido 24 . . . 21
ANNOVERA . . . 255
anodyne lpt . . . 21
ANORO ELLIPTA . . . 364
ANTARA . . . 143
anti-hist allergy . . . 349
anti-itch . . . 175
anti-itch extra strength . . . 175
anti-itch maximum strength . . . 175
anti-nausea . . . 53
ANTI-OXIDANT . . . 209
antifungal . . . 58
antifungal (clotrimazole) . . . 58

antifungal (tolnaftate) . . . 58
antifungal clotrimazole . . . 58
antihistamine & nasal deconges . . . 364
ANTIOXIDANT A/C/E/SELENIUM . . . 209
antioxidant protection formula . . . 209
ANTIOXIDANT VITAMINS . . . 209
ANTIVERT . . . 53
ANZEMET . . . 56
ANZUPGO . . . 182
APADAZ . . . 16
apap-caff-dihydrocodeine . . . 16
APEXICON E . . . 175
aphen . . . 159
APIDRA . . . 119
APIDRA SOLOSTAR . . . 119
APLENZIN . . . 47
apraclonidine hcl . . . 344
aprepitant . . . 56
APRETUDE . . . 101
apri . . . 255
APRIZIO PAK . . . 21
APRIZIO PAK II . . . 21
APTENSIO XR . . . 153
APTIOM . . . 44
APTIVUS . . . 104
AQ INSULIN SYRINGE . . . 294
aqua glycolic hand/body . . . 182
AQUALANCE LANCETS 30G . . . 294
aquanil hc . . . 175
aquaphor itch relief children . . . 175
aquaphor itch relief max str . . . 175
aqueous vitamin d . . . 288
ARAKODA . . . 80
ARANELLE . . . 255
ARANESP (ALBUMIN FREE) . . . 125
ARAZLO . . . 171
ARCALYST . . . 274
arformoterol tartrate . . . 359
ARGYLE STERILE WATER . . . 294
ARICEPT . . . 46
ARIKAYCE . . . 29
ARIMIDEX . . . 72
aripiprazole . . . 87
ARISTADA . . . 87
ARISTADA INITIO . . . 88
ARIXTRA . . . 122
armodafinil . . . 376
ARMONAIR DIGIHALER . . . 346
ARMOUR THYROID . . . 269
ARNUITY ELLIPTA . . . 346
AROMASIN . . . 72
arthritis pain reliever . . . 6
arthritis pain relieving . . . 182
ARTHROTEC . . . 6
artificial tears . . . 336
artificial tears pf . . . 337
ASACOL HD . . . 286
ascomp-codeine . . . 16
asenapine maleate . . . 88
ashlyna . . . 255
ASMANEX (120 METERED DOSES) . . . 346
ASMANEX (14 METERED DOSES) . . . 346
ASMANEX (30 METERED DOSES) . . . 346
ASMANEX (60 METERED DOSES) . . . 346
ASMANEX HFA . . . 346
aspercreme lidocaine . . . 21
aspercreme lidocaine essential . . . 21
aspercreme w/lidocaine . . . 21
asperflex lidocaine . . . 21
ASPERFLEX LIDOCAINE . . . 21
asperflex max st . . . 21
asperflex pain relieving . . . 21
aspirin 81 mg tab dr . . . 6
aspirin-dipyridamole er . . . 128
ASPIRIN-OMEPRAZOLE . . . 128
ASPRUZYO SPRINKLE . . . 139
ASSURE 4 TEST . . . 294
ASSURE COMFORT LANCETS 28G . . . 294
ASSURE HAEMOLANCE PLUS HIGH . . . 294
ASSURE HAEMOLANCE PLUS LOW . . . 294
ASSURE HAEMOLANCE PLUS MICRO . . . 294
ASSURE HAEMOLANCE PLUS NORMAL . . . 294

ASSURE HAEMOLANCE PLUS PED 294
ASSURE LANCE LANCETS 294
ASSURE LANCE LANCETS 21G 294
ASSURE LANCE PLUS SAFETY 25G 294
ASSURE LANCE PLUS SAFETY 30G 294
ASSURE LANCE SAFETY LANCET 28G 294
ASSURE PLATINUM 294
ASSURE PLATINUM METER 294
ASSURE PRISM MULTI METER 294
ASSURE PRISM MULTI TEST 294
ASSURE TITANIUM 295
ASSURE TITANIUM BLOOD GLUCOSE 295
ASTAGRAF XL 280
ATABEX ONE 196
ATACAND 130
ATACAND HCT 139
atazanavir sulfate 104
ATELVIA 288
atenolol 133
atenolol-chlorthalidone 139
athletes foot 58
athletes foot (clotrimazole) 58
athletes foot (terbinafine) 58
athletes foot powder spray 58
athletes foot spray 58
ATIVAN 108
atomoxetine hcl 153
ATORVALIQ 144
atorvastatin calcium 144
atovaquone-proguanil hcl 80
ATRALIN 171
ATROPINE SULFATE 337
ATROVENT HFA 358
AUBAGIO 167
aubra 255
aubra eq 255
AUGMENTIN 34
AUGTYRO 71
AUKELSO 80
AUM ALCOHOL PREP PADS 295
aurodryl allergy childrens 349
aurophen childrens 159
AURORA LANCET SUPER THIN 30G 295
AURORA LANCET THIN 23G 295
aurovela 1.5/30 255
aurovela 1/20 255
aurovela 24 fe 256
aurovela fe 1.5/30 256
aurovela fe 1/20 256
AURYXIA 207
AUSTEDO 159
AUSTEDO XR 159,160
AUSTEDO XR PATIENT TITRATION 160
AUVELITY 47
AUVI-Q 359
AVALIDE 140
AVAPRO 130
AVAR CLEANSER 183
AVAR-E EMOLLIENT 183
avar-e green 183
avedana glycerin (adult) 230
avedana hemorrhoid pain relief 183
AVEED 253
aveeno daily moisturizing 183
aveeno stress relief 183
AVERI 256
aviane 256
avita 171
AVMAPKI FAKZYNJA CO-PACK 73
AVODART 248
AVONEX PEN 167
AVONEX PREFILLED 167
AVSOLA 280
AVTOZMA 274
AYGESTIN 266
ayuna 256
AYVAKIT 73
azasan 281
AZASITE 340
azathioprine 281
azelaic acid 171
azelastine hcl 339,349,350

azelastine-fluticasone 364
AZELEX 172
AZILECT 83
azithromycin 34
AZMIRO 254
azolen anti-fungal wash 58
AZOPT 344
AZOR 140
AZSTARYS 150
AZULFIDINE 286
AZULFIDINE EN-TABS 286
azurette 256

B

b complex 209
b complex (folic acid) 209
b complex (lipotropics) 209
b complex formula 1 (lipotrop) 209
b complex formula 1 (w/ fa) 209
b complex vitamins 209
b complex-b12 209
b-12 209
b-12 slow release 209
b-12 tr 210
b-complex (folic acid) 210
b-complex plus b-12 210
b-complex/b-12 210
b-complex/electrolytes 210
B-PLEX PLUS 210
baby vitamin a & d 183
bac (butalbital-acetamin-caff) 160
BACITRA-NEOMYCIN-POLYMYXIN-HC 337
bacitracin 29
bacitracin zinc 29
bacitracin zinc-aloe 29
BACITRACIN-POLYMYXIN B 337
baclofen 98
BAFIERTAM 167
balance b-100 210
balanced b-50 complex 210
BALCOLTRA 256
balmbarr hand & body 183
balsalazide disodium 286
BALVERSA 73
balziva 256
banophen 175,350
BANZEL 44
BAQSIMI ONE PACK 117
BAQSIMI TWO PACK 117
BARACLUDE 99
BARIATRIC FUSION 210
BARIATRIC MULTIVITAMIN/IRON 196
BARIATRIC MULTIVITAMINS 196
BARIATRIC MULTIVITAMINS/IRON 197
BASAGLAR KWIKPEN 119
BASAGLAR TEMPO PEN 119
BAXDELA 35
BD BLUNT FILL NEEDLE 295
BD ECLIPSE SYRINGE/NEEDLE 295
BD HEPARIN POSIFLUSH 122
BD HYPODERMIC NEEDLE 295
BD INSULIN SYRINGE 295
BD INSULIN SYRINGE ULTRAFINE 295
BD INTEGRA SYRINGE 295
BD LUER-LOK SYRINGE 295
BD MICROTAINER LANCETS 295
BD SAFETYGLIDE INSULIN SYRINGE 295
BD SWAB SINGLE USE REGULAR 295
BD SWABS SINGLE USE BUTTERFLY 295
BD SYRINGE/NEEDLE 295
beauty 360 advanced skin care 183
beauty lotion 183
BECONASE AQ 346
BELBUCA 25
BELSOMRA 373
benadryl allergy 350
benadryl allergy childrens 350
benadryl allergy ultratabs 350
benadryl extra strength 175
benazepril hcl 131
benazepril-hydrochlorothiazide 140
BENEFIX 127

bengay ultra strength . . . 183
BENICAR . . . 130
BENICAR HCT . . . 140
BENSAL HP . . . 183
BENTIVITE . . . 197
BENZAMYCIN . . . 172
benzefoam . . . 193
BENZEPRO . . . 183,193
BENZHYDROCODONE-ACETAMINOPHEN . . . 16
benzonatate . . . 364
benzoyl peroxide . . . 172,183
benzoyl peroxide wash . . . 183
benzoyl peroxide-erythromycin . . . 172
benztropine mesylate . . . 81
BEOVU . . . 337
bepotastine besilate . . . 339
BEPREVE . . . 339
BERINERT . . . 273
besifloxacin hcl . . . 35
BESIVANCE . . . 35
beta care . . . 183
betamethasone dipropionate . . . 175
betamethasone dipropionate aug . . . 175
betamethasone valerate . . . 176
BETAMETHASONE VALERATE . . . 176
BETAPACE . . . 132
BETAPACE AF . . . 132
BETASERON . . . 167
betatemp childrens . . . 160
betaxolol hcl . . . 133,343
bethanechol chloride . . . 249
BETHKIS . . . 360
BETIMOL . . . 343
BETOPTIC-S . . . 343
BEVESPI AEROSPHERE . . . 364
BEXAGLIFLOZIN . . . 113
BEYAZ . . . 256
bicalutamide . . . 70
BICILLIN L-A . . . 34
BIDIL . . . 140
big 100 . . . 210
BIJUVA . . . 256
BIKTARVY . . . 101
BILDYOS . . . 288
BILPREVDA . . . 288
bimatoprost . . . 344
BIMZELX . . . 274
BINOSTO . . . 288
BIOCEL . . . 210
biocotron . . . 364
biolyte . . . 197
bion tears pf . . . 337
BIOTEL CARE BLOOD GLUCOSE . . . 295
BIOTEL CARE TEST STRIPS . . . 295
bis subcit-metronid-tetracyc . . . 236
bismuth/metronidaz/tetracyclin . . . 236
bisoprolol fumarate . . . 133
BISOPROLOL FUMARATE . . . 133
bisoprolol-hydrochlorothiazide . . . 140
BLEPH-10 . . . 340
BLEPHAMIDE . . . 337
BLEPHAMIDE S.O.P. . . . 337
blisovi 24 fe . . . 256
blisovi fe 1.5/30 . . . 256
blisovi fe 1/20 . . . 256
BLOOD GLUCOSE MONITOR SYSTEM . . . 295
BLOOD GLUCOSE MONITORING 333 . . . 295
BLOOD GLUCOSE TEST . . . 295
BLOOD GLUCOSE TEST STRIPS 333 . . . 296
blue tube/ aloe . . . 21
blue-emu pain relief dry . . . 21
BLUJEPA . . . 29
BLULINK GLUCOSE MONITORING SYS . . . 296
BLULINK GLUCOSE TEST . . . 296
BOMYNTRA . . . 288
bonine . . . 53
BONIVA . . . 288
BONJESTA . . . 53
BONSITY . . . 288
BOOSTRIX . . . 286
BOSAYA . . . 288
bosentan . . . 361

BOSULIF . . . 73
BOTOX . . . 372
BP 10-1 . . . 183
BP CLEANSING WASH . . . 183
BPO . . . 172
BPO FOAMING CLOTHS . . . 183
bprotected pedia d-vite . . . 288
bprotected pedia iron . . . 197
BRAFTOVI . . . 73
BREKIYA . . . 67
BRENZAVVY . . . 113
BREO ELLIPTA . . . 364
BREXAFEMME . . . 58
breyna . . . 364
BREZTRI AEROSPHERE . . . 364
briellyn . . . 256
BRILINTA . . . 128
brimonidine tartrate . . . 344
brimonidine tartrate-timolol . . . 337
brinzolamide . . . 344
BRISDELLE . . . 49
BRIUMVI . . . 167
brivaracetam . . . 38
BRIVIACT . . . 38
BRIXADI . . . 25
BRIXADI (WEEKLY) . . . 25
bromfed dm . . . 364
bromfenac sodium . . . 341
bromfenac sodium (once-daily) . . . 342
bromocriptine mesylate . . . 82
BROMSITE . . . 342
BROVANA . . . 359
BRUKINSA . . . 73
BRYHALI . . . 176
BUCAPSOL . . . 107
budesonide . . . 287,346
budesonide er . . . 287
budesonide-formoterol fumarate . . . 364
bumetanide . . . 143
bupap . . . 160
BUPHENYL . . . 246
buprenorphine . . . 13
buprenorphine hcl . . . 25
buprenorphine hcl-naloxone hcl . . . 25,26
bupropion hcl . . . 47
bupropion hcl er (smoking det) . . . 27
bupropion hcl er (sr) . . . 47
bupropion hcl er (xl) . . . 47
BUPROPION HCL ER (XL) . . . 47
buspirone hcl . . . 107
butalbital-acetaminophen . . . 160
butalbital-apap-caff-cod . . . 17
butalbital-apap-caffeine . . . 160
butalbital-asa-caff-codeine . . . 17
butalbital-aspirin-caffeine . . . 6
butenafine hcl . . . 58
butorphanol tartrate . . . 17
BUTRANS . . . 13
BYDUREON BCISE . . . 113
BYETTA 10 MCG PEN . . . 113
BYETTA 5 MCG PEN . . . 113
BYOOVIZ . . . 337
BYSTOLIC . . . 133

C

C-NATE DHA . . . 210
CABENUVA . . . 104
cabergoline . . . 271
CABOMETYX . . . 73
CABTREO . . . 172
CADUET . . . 140
CAFERGOT . . . 67
caffeine citrate . . . 210,360
CALAN SR . . . 136
calcipotriene . . . 183
CALCIPOTRIENE . . . 183
calcipotriene-betameth diprop . . . 183
calcitonin (salmon) . . . 288
calcitrene . . . 183
CALCITRIOL . . . 183
calcitriol . . . 288
CALCITRIOL INJ 1 MCG/ML . . . 288

calcitriol oral soln 1 mcg/ml . . . 288
calcium acetate . . . 207
calcium acetate (phos binder) . . . 207
calphron . . . 207
CALQUENCE . . . 73
CALSODORE . . . 183
CAMBIA . . . 6
CAMCEVI . . . 271
camila . . . 266
camrese . . . 256
camrese lo . . . 256
CANASA . . . 286
candesartan cilexetil . . . 130
candesartan cilexetil-hctz . . . 140
capecitabine . . . 71
CAPEX . . . 176
CAPLYTA . . . 88
CAPRELSA . . . 73
capsaicin . . . 183,184
capsaicin hp . . . 184
capsaicin pain relief . . . 184
captopril . . . 131
CAPTOPRIL-HYDROCHLOROTHIAZIDE . . . 140
capzasin-hp . . . 184
capzix . . . 184
carbamazepine . . . 44
carbamazepine er . . . 44
CARBATROL . . . 44
carbidopa . . . 83
carbidopa-levodopa . . . 83
carbidopa-levodopa er . . . 83
carbidopa-levodopa-entacapone . . . 81
CARDAMYST . . . 136
CARDIZEM . . . 136
CARDIZEM CD . . . 136
CARDIZEM LA . . . 136
CARDURA . . . 130
CARDURA XL . . . 248
CAREONE BLOOD GLUCOSE SYSTEM . . . 296
CAREONE BLOOD GLUCOSE TEST . . . 296
CAREONE INSULIN SYRINGE . . . 296
CAREONE LANCET SUPER THIN 30G . . . 296
CAREONE LANCET THIN 23G . . . 296
CAREPOINT POLY HUB NEEDLE . . . 296
CAREPOINT SAFETY1ST SYR/NEEDLE . . . 296
CAREPOINT SYRINGE LUER LOCK . . . 296
CARESENS LANCETS . . . 296
CARESENS LANCETS 30G . . . 296
CARESENS N FELIZ . . . 296
CARESENS N FELIZ BT . . . 296
CARESENS N GLUCOSE SYSTEM . . . 296
CARESENS N GLUCOSE TEST . . . 296
CARESENS S FIT BLOOD GLUC MON . . . 296
CARESENS S FIT BT BLOOD GLUC . . . 296
CARESENS S GLUCOSE TEST . . . 296
CARETOUCH ALCOHOL PREP . . . 296
CARETOUCH INSULIN SYRINGE . . . 296
CARETOUCH LUER LOCK . . . 296
CARETOUCH MONITOR SYSTEM . . . 297
CARETOUCH SAFETY LANCETS . . . 297
CARETOUCH SAFETY LANCETS 26G . . . 297
CARETOUCH TEST . . . 297
CARETOUCH TWIST LANCETS 28G . . . 297
CARETOUCH TWIST LANCETS 30G . . . 297
CARETOUCH TWIST LANCETS 33G . . . 297
CARETOUCH TWIST MC LANCETS 30G . . . 297
carisoprodol . . . 372
carisoprodol-aspirin-codeine . . . 17
carteolol hcl . . . 343
cartia xt . . . 136
carvedilol . . . 133
carvedilol phosphate er . . . 134
CASODEX . . . 70
CATAPRES-TTS-1 . . . 129
CATAPRES-TTS-2 . . . 129
CATAPRES-TTS-3 . . . 129
CAYSTON . . . 360
caziant . . . 256
cefaclor . . . 32
CEFACLOR ER . . . 32
cefadroxil . . . 32
cefdinir . . . 32

cefixime . . . 32
cefpodoxime proxetil . . . 32
cefprozil . . . 32
ceftriaxone sodium . . . 33
cefuroxime axetil . . . 33
CELEBRATE MULTI-COMPLETE 18 . . . 210
CELEBRATE MULTI-COMPLETE 36 . . . 210
CELEBRATE MULTI-COMPLETE 45 . . . 210
CELEBRATE MULTI-COMPLETE 60 . . . 210
CELEBREX . . . 6
celecoxib . . . 6
CELEXA . . . 49
CELLCEPT . . . 281
CELONTIN . . . 41
CENTANY . . . 194
CENTANY AT . . . 194
CENTAVITE A-Z COMPLETE-MINERAL . . . 210
CENTRATEX . . . 197
CENTRAVITES . . . 210
CENTRAVITES 50 PLUS . . . 210
CENTRUM ADULT 50+ MULTIGUMMIES . . . 197
CENTRUM ADULTS MULTIGUMMIES . . . 197
CENTRUM DUAL ACT MULTI+ BEAUTY . . . 197
CENTRUM DUAL ACT MULTI+OMEGA-3 . . . 197
CENTRUM FLAVOR BURST . . . 210
CENTRUM FLAVOR BURST ADULT . . . 210
CENTRUM FRESH/FRUITY 50+ . . . 210
CENTRUM FRESH/FRUITY ADULT . . . 210
CENTRUM MEN 50+ MULTIGUMMIES . . . 197
CENTRUM MEN MULTIGUMMIES . . . 197
CENTRUM MULTI + OMEGA 3 . . . 210
CENTRUM MULTI+ MENTAL FOCUS . . . 197
CENTRUM POSTNATAL GUMMIES . . . 197
CENTRUM SILVER . . . 210
CENTRUM VITAMINTS . . . 211
CENTRUM WOMEN 50+ MULTIGUMMIES . . . 197
CENTRUM WOMEN MULTIGUMMIES . . . 197
CENTURY . . . 211
CENTURY MATURE . . . 211
cephalexin . . . 33
CEQUA . . . 337
CEQUR SIMPLICITY 2U . . . 297
CEQUR SIMPLICITY INSERTER . . . 297
ceralyte 70 . . . 197
cerasport . . . 197
cerasport ex1 . . . 197
cerave acne foaming cream . . . 184
cerave am spf 30 . . . 184
cerave daily moisturizing . . . 184
cerave pm . . . 184
cerave sa rough & bumpy skin . . . 184
CERDELGA . . . 246
CEREZYME . . . 246
CEROVITE JR . . . 211
CEROVITE SENIOR . . . 211
certa plus . . . 211
CERTAVITE/ANTIOXIDANTS . . . 211
cetaphil advanced relief . . . 184
cetaphil daily advance . . . 184
cetaphil daily facial spf 15 . . . 184
cetaphil moisturizing . . . 184
cetaphil restoraderm . . . 184
cetirizine hcl . . . 350
cetirizine hcl allergy child . . . 350
cetirizine hcl childrens alrgy . . . 350
cetirizine-pseudoephedrine er . . . 364
cevimeline hcl . . . 169
CHANTIX . . . 27
CHANTIX CONTINUING MONTH PAK . . . 27
CHANTIX STARTING MONTH PAK . . . 27
charlotte 24 fe . . . 256
chateal . . . 256
chateal eq . . . 256
CHEMET . . . 206
CHENODAL . . . 236
chest congestion relief dm . . . 364
childrens 24 hour allergy . . . 350
childrens acetaminophen . . . 160
childrens advil . . . 7
CHILDRENS ANIMAL SHAPES . . . 211
CHILDRENS GUMMIES . . . 211
childrens ibuprofen . . . 7

childrens loratadine . . . 350
childrens non-aspirin . . . 160
childrens silapap . . . 160
chlordiazepoxide hcl . . . 108
chlordiazepoxide-amitriptyline . . . 47
chlorhexidine gluconate . . . 169
chloroquine phosphate . . . 80
chlorpromazine hcl . . . 84
CHLORPROMAZINE HCL . . . 84
chlorthalidone . . . 143
chlorzoxazone . . . 372
CHOICEFUL MULTIVITAMIN . . . 211
CHOLBAM . . . 246
cholestyramine . . . 145
cholestyramine light . . . 145
CHOSEN LANCETS 30G . . . 297
CHOSEN SAFETY LANCETS 28G . . . 297
CHROMAGEN . . . 197
CIALIS . . . 248
CIBINQO . . . 184
ciclodan . . . 194
ciclopirox . . . 194
ciclopirox olamine . . . 194
CICLOPIROX TREATMENT . . . 194
cilostazol . . . 128
CILOXAN . . . 35
CIMDUO . . . 102
CIMERLI . . . 337
cimetidine . . . 238
cimetidine hcl . . . 238
CIMZIA . . . 281
CIMZIA (2 SYRINGE) . . . 281
CIMZIA-STARTER . . . 281
cinacalcet hcl . . . 288
CINQAIR . . . 364
CINRYZE . . . 273
cinthera . . . 21
CINVANTI . . . 56
CIPRO . . . 35,36
CIPRO HC . . . 345
CIPRODEX . . . 345
ciprofloxacin . . . 36
ciprofloxacin hcl . . . 36,345
ciprofloxacin-dexamethasone . . . 345
ciprofloxacin-fluocinolone pf . . . 345
ciprofloxacin-hydrocortisone . . . 345
citalopram hydrobromide . . . 49
CITALOPRAM HYDROBROMIDE . . . 49
CITRANATAL 90 DHA . . . 211
CITRANATAL ASSURE . . . 197
CITRANATAL B-CALM . . . 211
CITRANATAL BLOOM . . . 211
CITRANATAL DHA . . . 197
CITRANATAL HARMONY . . . 211
cladribine (10 tabs) . . . 167
cladribine (4 tabs) . . . 167
cladribine (5 tabs) . . . 167
cladribine (6 tabs) . . . 167
cladribine (7 tabs) . . . 167
cladribine (8 tabs) . . . 167
cladribine (9 tabs) . . . 167
claravis . . . 172
CLARINEX . . . 350
CLARINEX-D 12 HOUR . . . 364
clarithromycin . . . 34
clarithromycin er . . . 34
CLARITIN . . . 350
claritin . . . 350
CLARITIN ALLERGY CHILDRENS . . . 350
claritin childrens . . . 350
CLARITIN REDITABS . . . 350
CLARITIN-D 24 HOUR . . . 365
CLEANLET LANCETS 28G . . . 297
clearlax . . . 230
CLENIA PLUS . . . 184
CLEOCIN . . . 29
CLEOCIN-T . . . 194
CLEVER CHEK AUTO-CODE . . . 297
CLEVER CHEK AUTO-CODE SYSTEM . . . 297
CLEVER CHEK AUTO-CODE TEST . . . 297
CLEVER CHEK AUTO-CODE VOICE . . . 297
CLEVER CHEK LANCETS . . . 297

CLEVER CHEK SYSTEM 297
CLEVER CHEK TEST 297
CLEVER CHOICE AUTO-CODE SYSTEM 297
CLEVER CHOICE AUTO-CODE TEST 297
CLEVER CHOICE COMFORT EZ 297
CLEVER CHOICE LANCETS 21G 297
CLEVER CHOICE LANCETS 23G 297
CLEVER CHOICE LANCETS 28G 298
CLEVER CHOICE MICRO SYSTEM 298
CLEVER CHOICE MICRO TEST 298
CLEVER CHOICE MINI SYSTEM 298
CLEVER CHOICE NO CODING 298
CLEVER CHOICE TALK SYSTEM 298
CLIMARA 256
CLIMARA PRO 256
clindacin 194
CLINDACIN ETZ 172
clindacin etz 194
CLINDACIN PAC 172
clindacin-p 194
CLINDAGEL 194
clindamycin hcl 29
clindamycin palmitate hcl 29
clindamycin phos (once-daily) 194
clindamycin phos (twice-daily) 194
clindamycin phos-benzoyl perox 172
clindamycin phos-benzoyl perox 1-5 % gel pump 172
clindamycin phosphate 29,194
clindamycin-tretinoin 172
CLINDAVIX 172
CLINDESSE 29
cln facial moisturizer nourish 184
clobazam 41
clobetasol prop emollient base 176
clobetasol prop emollient base 0.05 % cream 176
clobetasol propionate 176
CLOBETASOL PROPIONATE 342
clobetasol propionate e 176
clobetasol propionate emulsion 176
CLOBETEX 182
CLOBEX 176
CLOBEX SPRAY 176
CLOCORTOLONE PIVALATE 176
clodan 176
CLODAN 184
CLODERM 176
clomipramine hcl 52
clonazepam 108,109
clonidine 129
CLONIDINE ER 129
clonidine hcl 129
clonidine hcl er 153
clopidogrel bisulfate 128
clorazepate dipotassium 109
clotrimazole 58
clotrimazole 1% cream (rx) 58
clotrimazole 3 58
clotrimazole anti-fungal 59
clotrimazole athletes foot 59
clotrimazole-7 59
clotrimazole-betamethasone 184
clozapine 96,97
CLOZARIL 97,98
COAGUCHEK LANCETS 298
COARTEM 80
COBENFY 88
COBENFY STARTER PACK 88
cocoa butter 184
cocoa butter hand & body 184
codeine sulfate 17
colace 230
colace 2-in-1 230
COLAZAL 286
colchicine 66
colchicine-probenecid 66
COLCRYS 66
colesevelam hcl 145
COLESTID 145
COLESTID FLAVORED 145
colestipol hcl 146
COMBIGAN 337
COMBIPATCH 256

COMBIVENT RESPIMAT 365
COMBIVIR 102
COMETRIQ (100 MG DAILY DOSE) 73
COMETRIQ (140 MG DAILY DOSE) 73
COMETRIQ (60 MG DAILY DOSE) 73
COMFORT ASSURED LANCETS 28G 298
COMFORT ASSURED LANCETS 33G 298
COMFORT EZ INSULIN SYRINGE 298
COMFORT LANCETS 298
COMFORT TOUCH ALCOHOL PREP 298
COMFORT TOUCH LANCETS 31G 298
COMFORT TOUCH PLUS LANCETS 28G 298
COMFORT TOUCH PLUS LANCETS 30G 298
COMFORT TOUCH TWIST LANCET 30G 298
COMP AIR COMPRESSOR NEBULIZER 298
COMPACT SPACE CHAMBER 298
COMPACT SPACE CHAMBER/LG MASK 298
COMPACT SPACE CHAMBER/MED MASK 298
COMPACT SPACE CHAMBER/SM MASK 298
COMPANION 211
COMPETE 211
COMPLERA 101
complete allergy medicine 350
complete allergy relief 350
complete moisture 184
COMPLETE NATAL DHA 197
COMPLETENATE 211
compound w fast acting/conseal 184
compound w maximum strength 184
compro 53
COMTAN 81
CONCEPT DHA 211
CONCEPT OB 211
CONCERTA 153
CONEXXENCE 288
CONJUPRI 135
constulose 230
CONTOUR BLOOD GLUCOSE SYSTEM 298
CONTOUR MONITOR 299
CONTOUR NEXT EZ 299
CONTOUR NEXT GEN MONITOR 299
CONTOUR NEXT LINK 299
CONTOUR NEXT MONITOR 299
CONTOUR NEXT ONE 299
CONTOUR NEXT TEST 299
CONTOUR PLUS BLUE 299
CONTOUR PLUS TEST 299
CONTOUR TEST 299
CONZIP 13
COOL BLOOD GLUCOSE TEST STRIPS 299
COOL MIST HUMIDIFIER 299
COOL MIST HUMIDIFIER 1 GALLON 299
COOL MIST HUMIDIFIER 1.2 GAL 299
COOL MONITOR 299
COOL MONITOR KIT 299
COPAXONE 167
COPIKTRA 73
CORDRAN 176
COREG 134
COREG CR 134
CORGARD 134
corn huskers 184
CORTEF 287
corti-sav 185
CORTISONE ACETATE 249
CORTISPORIN-TC 345
cortizone-10 feminine itch 176
cortizone-10 intensve moisture 176
cortizone-10 maximum strength 176
cortizone-10 overnight itch 176
cortizone-10 psoriasis 177
cortizone-10 sensitive skin 177
cortizone-10 soothing aloe 177
cortizone-10 ultra soothing 177
cortizone-10 water resistant 177
cortizone-10/aloe 177
CORVITA 150 197
CORVITE 150 197
CORVITE FE 197
COSENTYX 274
COSENTYX (300 MG DOSE) 274
COSENTYX SENSOREADY (300 MG) 274

COSENTYX SENSOREADY PEN . . . 274
COSENTYX UNOREADY . . . 274
COSOPT . . . 337
COSOPT PF . . . 337
COTELLIC . . . 73
COTEMPLA XR-ODT . . . 153
cough/chest congestion dm . . . 365
COVARYX . . . 256
COVARYX HS . . . 256
COXANTO . . . 7
COZAAR . . . 130
CREON . . . 246
CRESEMBA . . . 59
CRESTOR . . . 144
CREXONT . . . 83
CRINONE . . . 266
cromolyn sodium . . . 339,360
crotan . . . 192
cryselle . . . 256
cryselle-28 . . . 257
CTEXLI . . . 236
CULTURELLE PROBIOTICS + MULTIV . . . 197
curae . . . 267
curanol . . . 160
curelief . . . 350
CURITY ALCOHOL PREPS . . . 299
cutemol . . . 185
CUTIVATE . . . 177
cvs acetaminophen . . . 160
cvs acetaminophen ex st . . . 160
cvs acid controller . . . 238
cvs adapalene . . . 172
CVS ADULT MULTIVITAMIN . . . 198
CVS ADVANCED GLUCOSE TEST . . . 299
CVS AIRSHIELD . . . 211
CVS AIRSHIELD IMMUNITY SUPPORT . . . 211
CVS ALCOHOL PREP PADS . . . 299
cvs allergy . . . 350
cvs allergy & hives relief . . . 350
cvs allergy childrens . . . 351
cvs allergy relief . . . 351
cvs allergy relief adult . . . 351
cvs allergy relief childrens . . . 351
cvs allergy relief d . . . 365
cvs allergy relief d24 . . . 365
cvs allergy relief(cetirizine) . . . 351
cvs allergy relief-d . . . 365
cvs allergy relief-d12 . . . 365
cvs antibiotic . . . 194
cvs antibiotic/pain relief . . . 194
cvs athletes foot . . . 59
cvs athletes foot (tolnaftate) . . . 59
cvs athletes foot spray . . . 59
cvs bacitracin . . . 29
cvs balanced b50 . . . 211
cvs beauty 360 dry skin . . . 185
CVS BLOOD GLUCOSE METER . . . 299
cvs butenafine hcl . . . 59
cvs capsaicin hp . . . 185
CVS CHEWABLE CHILDRENS VITAMIN . . . 211
cvs childrens allergy . . . 351
CVS CHILDRENS COMPLETE . . . 211
cvs cortisone maximum strength . . . 177
CVS DAILY GUMMIES . . . 211
CVS DAILY GUMMIES ADULT . . . 211
CVS DAILY MULTIPLE FOR MEN . . . 212
CVS DAILY MULTIPLE WOMEN 50+ . . . 212
cvs daily ultra moisture . . . 185
cvs diclofenac sodium . . . 7
cvs dry skin therapy . . . 185
cvs dual action complete . . . 238
cvs electrolyte solution . . . 198
cvs esomeprazole magnesium . . . 240
cvs extra moisturizing . . . 185
CVS EYE HEALTH & LUTEIN . . . 212
cvs eye itch relief . . . 340
cvs fever reducing childrens . . . 160
cvs fluticasone propionate . . . 365
cvs gentle skin cleanser . . . 185
CVS GLUCOSE . . . 117
CVS GLUCOSE METER TEST STRIPS . . . 299
cvs glycerin adult . . . 230

CVS GUMMY DINOS . . . 212
CVS GUMMY MULTIVITAMIN KIDS . . . 212
cvs heartburn relief . . . 238
cvs hemorrhoidal . . . 185
cvs hydrating skin treatment . . . 177
cvs hydrocortisone anti-itch . . . 177
cvs ibuprofen . . . 7
cvs ibuprofen childrens . . . 7
cvs infants pain relief drops . . . 160
cvs inner ear plus . . . 212
cvs intense dry skin therapy . . . 185
cvs iron . . . 198
cvs isopropyl alcohol wipes . . . 299
cvs itch relief extra strength . . . 177
cvs ivermectin lice treatment . . . 192
CVS LANCETS 21G . . . 299
CVS LANCETS MICRO THIN 33G . . . 299
CVS LANCETS ORIGINAL . . . 299
CVS LANCETS THIN 26G . . . 299
CVS LANCETS ULTRA THIN 30G . . . 300
CVS LANCETS ULTRA-THIN 30G . . . 300
cvs lansoprazole . . . 240
cvs lice killing . . . 192
cvs lice solution 3-step . . . 192
cvs lidocaine maximum strength . . . 21
cvs lidocaine pain relief . . . 21
cvs lidocaine pain relief maxs . . . 21
cvs lidocaine pain-relieving . . . 21
CVS MENS DAILY GUMMIES . . . 212
cvs miconazole 1 combo pack . . . 59
CVS MICONAZOLE 1 COMBO-WIPES . . . 59
cvs miconazole 3 combo pack . . . 59
cvs miconazole 3 combo-supp . . . 59
cvs miconazole 7 . . . 59
cvs mineral oil . . . 230
cvs moisturizing . . . 185
cvs motion sickness less drows . . . 53
cvs motion sickness relief . . . 53
cvs mucus extended release . . . 365
cvs muscle rub ultra strength . . . 185
cvs naproxen sodium . . . 7
cvs natural daily fiber . . . 230
cvs nausea relief . . . 53
cvs nicotine . . . 27
cvs nicotine polacrilex . . . 27
cvs non-aspirin extra strength . . . 160
cvs olopatadine hcl . . . 340
cvs omeprazole . . . 241
cvs omeprazole magnesium . . . 241
CVS ONE DAILY ESSENTIAL . . . 212
CVS ONE DAILY MENS FORMULA . . . 212
CVS ONE DAILY WOMENS FORMULA . . . 212
cvs pain & fever childrens . . . 161
cvs pain & fever infants . . . 161
cvs pain relief . . . 21,161
cvs pain relief extra strength . . . 161
cvs pain relief regular st . . . 161
cvs ped electrolyte freeze pop . . . 198
cvs pediatric electrolyte . . . 198
CVS PRENATAL GUMMY . . . 212
CVS PRENATAL MULTIVITAMIN . . . 198
CVS PREP . . . 300
cvs purelax . . . 230
cvs ringworm . . . 59
cvs senna plus . . . 230
cvs skin therapy . . . 185
cvs skin treatment . . . 177
cvs sleep aid . . . 373
cvs sleep aid nighttime . . . 373
cvs sleep-aid (doxylamine) . . . 373
cvs sleepaid (diphenhydramine) . . . 373
cvs slow release iron . . . 198
cvs soft glucose . . . 117
cvs special care . . . 185
CVS SPECTRAVITE ADULT 50+ . . . 212
CVS SPECTRAVITE ADVANCED . . . 212
CVS SPECTRAVITE MEN . . . 212
CVS SPECTRAVITE MEN 50+ . . . 212
CVS SPECTRAVITE SENIOR . . . 212
CVS SPECTRAVITE ULTRA MENS . . . 212
CVS SPECTRAVITE WOMEN . . . 212
CVS SPECTRAVITE WOMEN 50+ . . . 212

CVS SPECTRAVITE WOMENS SENIOR . . . 212
cvs stomach relief . . . 236
cvs stool softener . . . 230
cvs stool softener/laxative . . . 230
cvs tioconazole 1 . . . 59
cvs toe area treatment max str . . . 59
CVS TRUE METRIX GLUCOSE TEST . . . 300
cvs tussin dm . . . 365
cvs ultra sleep . . . 373
CVS ULTRA THIN LANCETS . . . 300
cvs vitamin a&d . . . 185
cvs vitamin b12 . . . 212
cvs wart remover pen . . . 185
CVS WOMENS ACTIVE DAILY . . . 212
CVS WOMENS DAILY GUMMIES . . . 212
cyanocobalamin . . . 212
cyclafem 1/35 . . . 257
cyclafem 7/7/7 . . . 257
cyclobenzaprine hcl . . . 372
cyclobenzaprine hcl er . . . 372
cyclopentolate hcl . . . 337
cyclophosphamide . . . 69
cyclosporine . . . 281,337
cyclosporine modified . . . 281
CYLTEZO (2 PEN) . . . 281
CYLTEZO (2 SYRINGE) . . . 281
CYLTEZO-CD/UC/HS STARTER . . . 281
CYLTEZO-PSORIASIS/UV STARTER . . . 281
CYMBALTA . . . 166
cyproheptadine hcl . . . 351
cyred . . . 257
cyred eq . . . 257
CYTOMEL . . . 269
cytra-2 . . . 249

D

d-1000 . . . 288
d-1000 extra strength . . . 289
d-vi-sol . . . 289
d-vite pediatric . . . 289
D.H.E. 45 . . . 67
d3-1000 . . . 289
dabigatran etexilate mesylate . . . 122
DAILY BETIC . . . 213
DAILY COMBO MULTI VITAMINS . . . 213
daily mens health formula . . . 213
daily moisturizing . . . 185
daily multiple vitamins . . . 213
DAILY MULTIPLE VITAMINS/MIN . . . 213
DAILY VALUE MULTIVITAMIN . . . 213
daily vitamin . . . 213
daily vitamin formula+minerals . . . 213
DAILY VITAMINS . . . 213
DAILY VITE . . . 213
DAILY VITES . . . 213
daily womens health formula . . . 213
daily-vitamin . . . 213
daily-vitamin maximum formula . . . 213
DAILY-VITE . . . 213
DAILY-VITE MULTIVITAMIN . . . 213
dairy relief . . . 246
dalfampridine er . . . 167
DALIRESP . . . 360
DANTRIUM . . . 98
dantrolene sodium . . . 98
DANZITEN . . . 73
dapagliflozin pro-metformin er . . . 113
dapagliflozin propanediol . . . 147
dapsone . . . 69,194
darifenacin hydrobromide er . . . 247
darunavir . . . 105
dasatinib . . . 73
dasetta 1/35 . . . 257
dasetta 7/7/7 . . . 257
DAURISMO . . . 73
DAWNZERA . . . 273
DAYPRO . . . 7
daysee . . . 257
DAYTRANA . . . 153
DAYVIGO . . . 373
deblitane . . . 267
debrox . . . 345

decadron . . . 249
deferasirox . . . 206
deferasirox granules . . . 206
deferiprone . . . 206
deflazacort . . . 250
DEKAS BARIATRIC . . . 213
DEKAS PLUS . . . 213
DELESTROGEN . . . 257
DELSTRIGO . . . 101
DELZICOL . . . 286
demeclocycline hcl . . . 36
DENAVIR . . . 194
DENTA 5000 PLUS . . . 169
dentagel . . . 169
DEPAKOTE . . . 39
DEPAKOTE ER . . . 39
DEPAKOTE SPRINKLES . . . 39
DEPO-ESTRADIOL . . . 257
DEPO-MEDROL . . . 250
DEPO-PROVERA . . . 267
DEPO-SUBQ PROVERA 104 . . . 267
depo-testosterone . . . 254
DERMA-SMOOTHE/FS BODY . . . 177
DERMA-SMOOTHE/FS SCALP . . . 177
dermacinrx capsaicin . . . 185
DERMACINRX LIDOCAINE . . . 21
DERMACINRX LIDOGEL . . . 22
dermacinrx penetral . . . 185
DERMACINRX PRETRATE . . . 213
DERMACINRX RIBOTIN-E . . . 213
DERMACINRX ZINTREXYL-C . . . 213
dermal therapy extra strength . . . 185
dermal therapy face care . . . 185
dermal therapy foot massage . . . 185
dermal therapy hand/elbow . . . 185
dermal therapy heel care . . . 185
DERMALID . . . 22
DESCOVY . . . 102
desenex . . . 59
desipramine hcl . . . 52
desloratadine . . . 351
desmopressin ace spray refrig . . . 252
desmopressin acetate . . . 252
desmopressin acetate spray . . . 252
desogestrel-ethinyl estradiol . . . 257
desonide . . . 177
DESONIDE . . . 177
DESOWEN . . . 177
desoximetasone . . . 177
DESOXYN . . . 150
desrx . . . 177
DESVENLAFAXINE ER . . . 49
desvenlafaxine succinate er . . . 49
DETROL . . . 247
DETROL LA . . . 247
DEX4 . . . 117
DEX4 GLUCOSE . . . 117
DEX4 NATURALS . . . 117
DEX4 POUCH PACK . . . 117
DEX4 QUICK DISSOLVE GLUCOSE . . . 117
DEXABLISS . . . 250
dexamethasone . . . 250
DEXAMETHASONE INTENSOL . . . 250
dexamethasone sodium phosphate . . . 342
DEXCOM G6 RECEIVER . . . 300
DEXCOM G6 TRANSMITTER . . . 300
DEXCOM G7 RECEIVER . . . 300
DEXEDRINE . . . 150
DEXILANT . . . 241
dexlansoprazole . . . 241
dexmethylphenidate hcl . . . 153
dexmethylphenidate hcl er . . . 154
DEXTENZA . . . 342
dextroamphetamine sulfate . . . 150
dextroamphetamine sulfate er . . . 151
dextromethorphan-guaifenesin . . . 365
DEXYCU . . . 342
DHIVY . . . 83
DIABETES HEALTH FORMULA . . . 213
diabetic tussin dm . . . 365
diabetiderm . . . 185
DIACOMIT . . . 39

DIALYVITE 213
DIALYVITE 800/ULTRA D 213
dialyvite vitamin d 5000 289
DIASTAT ACUDIAL 41
DIASTAT PEDIATRIC 41
DIATHRIVE LANCET ULTRA THIN 30 300
DIATHRIVE LANCETS 300
DIATRUE PLUS BLOOD GLUCOSE 300
DIATRUE PLUS TEST 300
diazepam 42,109
diazepam intensol 109
DICLEGIS 54
DICLOFENAC 7
diclofenac epolamine 7
diclofenac potassium 7
diclofenac potassium(migraine) 7
diclofenac sodium 7,342
diclofenac sodium er 7
diclofenac-misoprostol 7
dicloxacillin sodium 34
dicyclomine hcl 236
DIETHYLPROPION HCL ER 161
DIFFERIN 172,173
differin 172
DIFICID 34
diflorasone diacetate 177
DIFLUCAN 59
diflunisal 7
difluprednate 342
digitek 132
digoxin 132
dihydroergotamine mesylate 67
DILANTIN 44
DILANTIN INFATABS 44
DILANTIN-125 44
DILAUDID 17
dilt-xr 136,137
diltiazem hcl 137
diltiazem hcl er 137
diltiazem hcl er beads 137
diltiazem hcl er coated beads 137
DIMENHYDRINATE 54
dimetane allergy relief 351
dimetane allergy relief ex st 351
dimethyl fumarate 168
dimethyl fumarate starter pack 168
DIOVAN 130
DIOVAN HCT 140
DIPENTUM 286
diphen 351
diphenhist 351
diphenhydramine hcl 351,352
diphenhydramine hcl childrens 352
diphenhydramine-zinc acetate 177
diphenoxylate-atropine 236
DIPROLENE 178
dipyridamole 129
disopyramide phosphate 132
disulfiram 25
DITROPAN XL 247
DIURIL 143
divalproex sodium 39
divalproex sodium er 39
DIVIGEL 257
dml 185
docosanol 106
docusate sodium 230
docuzen 230
dodex 213
dofetilide 133
dolishale 257
DOLOBID 7
dologesic pain relief roll-on 22
donepezil hcl 46
DOPTELET 129
DOPTELET SPRINKLE 129
DORAL 373
DORYX 36
DORYX MPC 36
dorzolamide hcl 344
dorzolamide hcl-timolol mal 337
dorzolamide hcl-timolol mal pf 337

dotti . . . 257
double antibiotic . . . 194
DOVATO . . . 101
DOVONEX . . . 185
doxazosin mesylate . . . 130
doxepin hcl . . . 52,53,373
doxercalciferol . . . 289
doxycycline . . . 36
doxycycline hyclate . . . 36,37
DOXYCYCLINE HYCLATE . . . 37
doxycycline monohydrate . . . 37
doxylamine-pyridoxine . . . 54
dramamine . . . 54
DRAMAMINE . . . 54
DRAMAMINE MOTION SICKNESS KIDS . . . 54
driminate . . . 54
DRIZALMA SPRINKLE . . . 166
dronabinol . . . 56
DROPLET INSULIN SYRINGE . . . 300
DROPLET LANCETS ULTRA THIN 30G . . . 300
DROPLET PERSONAL LANCETS 30G . . . 300
DROPSAFE ACTI-LANCE 23G . . . 300
DROPSAFE ALCOHOL PREP . . . 300
DROPSAFE MEDLANCE LANCET 30G . . . 300
DROPSAFE SAFETY SYRINGE/NEEDLE . . . 300
drospiren-eth estrad-levomefol . . . 257
drospirenone-ethinyl estradiol . . . 257
DROXIA . . . 71
DRUG MART LANCETS THIN 26G . . . 301
DRUG MART ON-THE-GO LANCET 30G . . . 301
DRUG MART UNILET LANCETS 28G . . . 301
DRUG MART UNILET LANCETS 30G . . . 301
DRUG MART UNILET LANCETS 33G . . . 301
DRYSOL . . . 185
dss . . . 230
DSUVIA . . . 13
DUAKLIR PRESSAIR . . . 365
DUAVEE . . . 269
DUETACT . . . 113
DUEXIS . . . 7
dulcolax . . . 230
dulcolax pink laxative . . . 230
dulcolax pink stool softener . . . 230
dulcolax stool softener . . . 230
DULERA . . . 365
duloxetine hcl . . . 166
DUOBRII . . . 186
DUOPA . . . 83
DUPIXENT . . . 274,275
DUREZOL . . . 342
DUROLANE . . . 301
DURYSTA . . . 345
dutasteride . . . 248
dutasteride-tamsulosin hcl . . . 248
DXEVO 11-DAY . . . 250
DYANAVEL XR . . . 151
DYMISTA . . . 365
DYSPORT . . . 372

E

E-Z JECT LANCET MICRO-THIN 33G . . . 301
E-Z JECT LANCET SUPER THIN 30G . . . 301
E-Z JECT LANCETS . . . 301
E-Z JECT LANCETS 21G . . . 301
E-Z JECT LANCETS THIN 26G . . . 301
e.e.s. 400 . . . 34
E.E.S. GRANULES . . . 35
ear drops earwax aid . . . 345
ear health formula . . . 214
ear health plus . . . 214
earwax removal . . . 345
earwax removal kit . . . 345
EASIVENT . . . 301
EASIVENT MASK LARGE . . . 301
EASIVENT MASK MEDIUM . . . 301
EASIVENT MASK SMALL . . . 301
EASY COMFORT ALCOHOL PADS . . . 301
EASY COMFORT INSULIN SYRINGE . . . 301
EASY COMFORT LANCETS . . . 301
EASY COMFORT LANCETS TWIST TOP . . . 301
EASY PLUS II GLUCOSE SYSTEM . . . 301
EASY PLUS II GLUCOSE TEST . . . 301

EASY STEP GLUCOSE MONITOR 301
EASY STEP TEST 301
EASY TALK BLOOD GLUCOSE SYSTEM 302
EASY TALK BLOOD GLUCOSE TEST 302
EASY TALK PLUS II TEST STRIPS 302
EASY TOUCH ALCOHOL PREP MEDIUM 302
EASY TOUCH FLIPLOCK INSULIN SY 302
EASY TOUCH FLIPLOCK NEEDLES 302
EASY TOUCH FLIPLOCK SAFETY SYR 302
EASY TOUCH GLUCOSE SYSTEM 302
EASY TOUCH HYPODERMIC NEEDLE 302
EASY TOUCH INSULIN SAFETY SYR 302
EASY TOUCH INSULIN SYRINGE 302
EASY TOUCH LANCETS 21G 302
EASY TOUCH LANCETS 23G 302
EASY TOUCH LANCETS 26G 302
EASY TOUCH LANCETS 28G 302
EASY TOUCH LANCETS 28G/TWIST 302
EASY TOUCH LANCETS 30G 302
EASY TOUCH LANCETS 30G/TWIST 303
EASY TOUCH LANCETS 32G 303
EASY TOUCH LANCETS 32G/TWIST 303
EASY TOUCH LANCETS 33G/TWIST 303
EASY TOUCH SAFETY LANCETS 21G 303
EASY TOUCH SAFETY LANCETS 23G 303
EASY TOUCH SAFETY LANCETS 26G 303
EASY TOUCH SAFETY LANCETS 28G 303
EASY TOUCH SAFETY SYRINGE 303
EASY TOUCH SHEATHLOCK SYRINGE 303
EASY TOUCH TEST 303
EASY TRAK BLOOD GLUCOSE SYSTEM 303
EASY TRAK BLOOD GLUCOSE TEST 303
EASY TRAK II BLOOD GLUCOSE SYS 303
EASY TRAK II GLUCOSE TEST 303
easy-lax 230
easy-lax plus 231
EASYGLUCO 303
EASYMAX 15 TEST 303
EASYMAX NG BLOOD GLUCOSE 303
EASYMAX TEST 303
EASYMAX V BLOOD GLUCOSE 303
EASYPOINT NEEDLE 303
EASYPOINT NEEDLE/SYRINGE 304
EBGLYSS 178
ec-naproxen 8
econazole nitrate 59
econtra ez 267
econtra one-step 267
ECOZA 59
ed-apap 161
EDARBI 130
EDARBYCLOR 140
EDLUAR 373
EDURANT 101
EDURANT PED 101
EEMT 257
EEMT HS 257
efavirenz 101
efavirenz-emtricitab-tenofo df 101
efavirenz-lamivudine-tenofovir 101
EFFER-K 198
EFFEXOR XR 49
EFFIENT 129
EKTERLY 274
ELELYSO 246
ELEMENT COMPACT GLUCOSE SYSTEM 304
ELEMENT COMPACT TEST 304
ELEMENT COMPACT V GLUCOSE SYS 304
ELEMENT PLUS 304
ELEMENT TEST 304
ELEPSIA XR 39
ELESTRIN 257
eletriptan hydrobromide 67
ELIGARD 271
ELIMITE 193
elinest 257
ELIQUIS 122
ELIQUIS (1.5 MG PACK) 122
ELIQUIS (2 MG PACK) 122
ELIQUIS DVT/PE STARTER PACK 123
elite-ob 214
elixophyllin 360

ELLA . . . 267
ELMIRON . . . 249
ELOCTATE . . . 127
eltrombopag olamine . . . 125
eluryng . . . 257
ELYXYB . . . 8
EMBECTA AUTOSHIELD DUO . . . 304
EMBECTA INS SYR U/F 1/2 UNIT . . . 304
EMBECTA INSULIN SYRINGE U/F . . . 304
EMBECTA PEN NEEDLE NANO . . . 304
EMBECTA PEN NEEDLE NANO 2 GEN . . . 304
EMBECTA PEN NEEDLE U/F . . . 304
EMBECTA PEN NEEDLE ULTRAFINE . . . 304
EMBRACE BLOOD GLUCOSE MONITOR . . . 304
EMBRACE BLOOD GLUCOSE TEST . . . 304
EMBRACE EVO BLOOD GLUCOSE TEST . . . 304
EMBRACE EVO GLUCOSE MONITOR . . . 304
EMBRACE EVO GLUCOSE MONITORING . . . 304
EMBRACE LANCETS ULTRA THIN 30G . . . 304
EMBRACE PRESSURE ACTIVATED 21G . . . 304
EMBRACE PRESSURE ACTIVATED 28G . . . 305
EMBRACE PRO GLUCOSE METER . . . 305
EMBRACE PRO GLUCOSE TEST . . . 305
EMBRACE TALK BLOOD GLUCOSE . . . 305
EMBRACE TALK GLUCOSE TEST . . . 305
EMBRACE TALK MONITORING SYSTEM . . . 305
EMBRACE WAVE GLUCOSE METER . . . 305
EMBRIVA . . . 214
EMCYT . . . 71
EMEND . . . 56
EMEND BIPACK . . . 57
EMEND TRI-PACK . . . 57
EMERGEN-C APPLE CIDER VINEGAR . . . 198
EMERGEN-C ASHWAGANDHA . . . 198
EMERGEN-C IMMUNE PLUS/VIT D . . . 214
EMERGEN-C IMMUNE+ . . . 198
EMERGEN-C IMMUNE+ ELDERBERRY . . . 198
EMERGEN-C TURMERIC & GINGER . . . 198
EMERGEN-C VITAMIN C . . . 214
EMFLAZA . . . 250
EMGALITY . . . 66
EMGALITY (300 MG DOSE) . . . 66
emollia-lotion . . . 186
EMPRICAINE-II . . . 22
EMREAL . . . 22
EMROSI . . . 37
EMSAM . . . 49
emtricitab-rilpivir-tenofov df . . . 101
emtricitabine . . . 102
emtricitabine-tenofovir df . . . 102
EMTRIVA . . . 103
emzahh . . . 267
enalapril maleate . . . 131
enalapril-hydrochlorothiazide . . . 140
ENBRACE HR . . . 214
ENBREL . . . 281
ENBREL MINI . . . 281
ENBREL SURECLICK . . . 281
ENDARI . . . 246
endocet . . . 17
enemeez mini . . . 231
enfamil enfalyte . . . 198
ENGERIX-B . . . 286
enilloring . . . 257
ENOBY . . . 289
enoxaparin sodium . . . 123
ENOXILUV KIT . . . 123
enpresse-28 . . . 257
ENSACOVE . . . 73
enskyce . . . 258
ENSTILAR . . . 186
entacapone . . . 81
ENTADFI . . . 248
entecavir . . . 99
ENTRESTO . . . 140
ENTYVIO . . . 275
ENTYVIO PEN . . . 275
enulose . . . 231
ENVARSUS XR . . . 281
EOHILIA . . . 287
EPANED . . . 132
EPCLUSA . . . 99,100

EPIDIOLEX 39
EPIDUO 173
EPIDUO FORTE 173
epilyt 186
epinastine hcl 340
epinephrine 359
epinephrine 0.15 mg/0.3ml soln a-inj (only mylan preferred) 359
epinephrine 0.3 mg/0.3ml soln a-inj (only mylan preferred) 359
EPIPEN 2-PAK 359
EPIPEN JR 2-PAK 359
epitol 44
EPIVIR 103
EPIVIR HBV 99
eplerenone 143
EPOGEN 125
EPRONTIA 39
EPZICOM 103
eq 12 hour mucus relief 365
eq 8hr arthritis pain relief 161
eq acetaminophen 161
eq acid reducer complete 238
eq allergy relief 352
eq allergy relief (cetirizine) 352
eq allergy relief childrens 352
eq arthritis pain 8
eq arthritis pain reliever 8
eq athletes foot (terbinafine) 59
EQ BLOOD GLUCOSE TEST 305
eq budesonide nasal 346
EQ COMPLETE MULTIVIT ADULT 50+ 214
EQ COMPLETE MULTIVITAMIN CHILD 214
eq famotidine max st 238
eq hydrocortisone max st 178
eq ibuprofen childrens 8
eq laxative 231
eq lidocaine pain relieving 22
eq loratadine childrens 352
eq miconazole 1 60
eq miconazole 7 day treatment 60
eq mineral oil 231
eq mucus er 365
eq mucus relief 365
EQ MULTIVITAMIN GUMMIES 214
EQ MULTIVITAMINS ADULT GUMMY 214
EQ MULTIVITAMINS GUMMY CHILD 214
eq nicotine 27
eq nicotine polacrilex 27
eq omeprazole 241
EQ ONE DAILY WOMENS HEALTH 214
eq pain & fever childrens 161
eq pain & fever infants 161
eq pain reliever 161
eq pain reliever ex st 161
eq pain relieving 186
eq senna-s 231
eq sinus & congestion max str 359
eq sleep-aid 373
eq stomach relief 237
eq stool softener 231
eq stool softener/laxative 231
eq tussin dm cough/chest 365
eq vitamins a & d 186
eql absolute moisture dry skin 186
eql acetaminophen 161
eql acetaminophen childrens 161
eql acetaminophen ex st 161
eql advanced recovery 186
eql advanced skin therapy 186
EQL ALCOHOL SWABS 305
eql allergy 352
eql allergy relief 352
eql aloe after sun 186
EQL CENTURY 214
EQL CENTURY MATURE 214
EQL CENTURY MATURE MEN 50+ 214
EQL CENTURY MATURE WOMEN 50+ 214
EQL CHILD MULTIVIT/MINERALS 214
eql childrens allergy 352
EQL COLOR LANCETS 21G 305
EQL COLOR LANCETS MICRO 33G 305

eql dual action complete . . . 238
eql fiber therapy . . . 231
EQL GUMMIES CHILDRENS . . . 214
eql hemorrhoidal . . . 186
EQL INSULIN SYRINGE . . . 305
eql iron supplement therapy . . . 198
eql lansoprazole . . . 241
eql miconazole 7 . . . 60
eql natural fiber . . . 231
eql nighttime sleep aid . . . 373
EQL ONE DAILY ADULT GUMMIES . . . 214
EQL ONE DAILY MENS 50+ ADVANCE . . . 214
EQL ONE DAILY MENS HEALTH . . . 214
EQL ONE DAILY WOMENS 50+ ADV . . . 214
eql senna-s . . . 231
eql sleep aid . . . 373
eql stool softener . . . 231
EQL SUPER THIN LANCETS 30G . . . 305
EQL THIN LANCETS 26G . . . 305
eql tussin dm cough/chest cong . . . 365
eql ultra moisturizing daily . . . 186
EQL VISION FORMULA . . . 214
eql vitamin b-12 tr . . . 214
equalyte . . . 198
EQUETRO . . . 111
ergocalciferol . . . 289
ERGOMAR . . . 67
ergotamine-caffeine . . . 67
ERIVEDGE . . . 73
ERLEADA . . . 70
erlotinib hcl . . . 73
ERMEZA . . . 269
errin . . . 267
ERTACZO . . . 60
ery . . . 194
ery-tab . . . 35
ERYGEL . . . 194
ERYPED 200 . . . 35
ERYPED 400 . . . 35
ERYTHROCIN STEARATE . . . 35
erythromycin . . . 35,194,195,341
ERYTHROMYCIN . . . 341
erythromycin base . . . 35
erythromycin ethylsuccinate . . . 35
ERZOFRI . . . 88,89
ESBRIET . . . 362
escitalopram oxalate . . . 49
ESCITALOPRAM OXALATE . . . 49
esgic . . . 161
eslicarbazepine acetate . . . 44
esomeprazole magnesium . . . 241
ESOMEPRAZOLE STRONTIUM . . . 241
ESPEROCT . . . 127
ESSENTIA . . . 214
ESSENTIAL BALANCE . . . 215
est estrogens-methyltest . . . 258
est estrogens-methyltest ds . . . 258
est estrogens-methyltest hs . . . 258
estarylla . . . 258
estazolam . . . 373
ESTRACE . . . 258
estradiol . . . 258
estradiol valerate . . . 258
estradiol-norethindrone acet . . . 258
estratest f.s. . . . 258
ESTRATEST H.S. . . . 259
ESTRING . . . 259
ESTROGEL . . . 259
estrogens conjugated . . . 259
ESTROSTEP FE . . . 259
eszopiclone . . . 373
ethambutol hcl . . . 69
ethosuximide . . . 41
ethynodiol diac-eth estradiol . . . 259
etodolac . . . 8
etodolac er . . . 8
etonogestrel-ethinyl estradiol . . . 259
etoposide . . . 72
etravirine . . . 102
eucerin baby . . . 186
eucerin daily hydration . . . 186
eucerin daily hydration spf15 . . . 186

eucerin daily protection/spf30 . . . 186
eucerin intensive repair . . . 186
eucerin original healing . . . 186
eucerin roughness relief . . . 186
eucerin smoothing repair . . . 186
EUCRISA . . . 178
EUFLEXXA . . . 305
euthyrox . . . 269
EVAMIST . . . 259
EVEKEO . . . 151
EVEKEO ODT . . . 151
EVENITY . . . 289
everolimus . . . 73,74,281
EVERSENSE 365 SMART TRANSMIT . . . 305
EVERSENSE E3 SMART TRANSMITTER . . . 305
EVERSENSE SMART TRANSMITTER . . . 305
EVEXITHROID . . . 269
EVISTA . . . 269
EVKEEZA . . . 146
EVOCLIN . . . 195
EVOLUTION AUTOCODE . . . 305
EVOTAZ . . . 105
EXDENSUR . . . 365
EXEL COMFORT POINT INSULIN SYR . . . 306
EXELON . . . 46
exemestane . . . 72
EXENATIDE . . . 113
EXFORGE . . . 140
EXFORGE HCT . . . 140
EXJADE . . . 206
EXKIVITY . . . 74
EXTAVIA . . . 168
EXTINA . . . 60
EXXUA . . . 47
EXXUA TITRATION PACK . . . 47
eye allergy itch relief . . . 340
eye allergy itch/redness rel . . . 340
EYE HEALTH GUMMIES . . . 198
eye itch relief . . . 340
EYE-VITES . . . 215
eyeprotect . . . 215
EYLEA . . . 337
EYLEA HD . . . 337
EYSUVIS . . . 342
EZ-LETS LANCETS 21G . . . 306
EZ-LETS LANCETS 26G . . . 306
EZ-LETS LANCETS 28G . . . 306
EZ-LETS LANCETS 30G . . . 306
EZALLOR SPRINKLE . . . 145
ezetimibe . . . 146
EZETIMIBE-ROSUVASTATIN . . . 146
ezetimibe-simvastatin . . . 146

F

fa-vitamin b-6-vitamin b-12 . . . 215
fabb . . . 215
FABIOR . . . 173
falmina . . . 259
famciclovir . . . 106
FAMOTIDINE . . . 239
famotidine . . . 239
famotidine (pf) . . . 239
famotidine maximum strength . . . 239
famotidine orig st . . . 239
famotidine premixed . . . 239
FANAPT . . . 89
FANAPT TITRATION PACK A . . . 89
FANAPT TITRATION PACK B . . . 89
FANAPT TITRATION PACK C . . . 89
FARESTON . . . 71
FARXIGA . . . 147
FARYDAK . . . 74
FASENRA . . . 366
FASENRA PEN . . . 366
fayosim . . . 259
fe c tab . . . 198
fe tabs . . . 198
fe-vite iron . . . 198
febuxostat . . . 66
FEIBA . . . 127
feirza 1.5/30 . . . 259
feirza 1/20 . . . 259

felbamate . . . 39
FELBATOL . . . 39
FELDENE . . . 8
felodipine er . . . 135
FEMARA . . . 72
FEMHRT . . . 259
FEMLYV . . . 259
FEMRING . . . 259
femynor . . . 259
fenofibrate . . . 144
FENOFIBRATE MICRONIZED . . . 144
fenofibrate micronized . . . 144
FENOFIBRIC ACID . . . 144
fenofibric acid . . . 144
FENOGLIDE . . . 144
FENOPROFEN CALCIUM . . . 8
fenoprofen calcium . . . 8
FENOPRON . . . 8
FENSOLVI (6 MONTH) . . . 271
fentanyl . . . 13,14
FENTANYL CITRATE . . . 17
FENTORA . . . 17
feosol . . . 198
FEOSOL BIFERA . . . 198
fer-in-sol . . . 198
FERAHEME . . . 198
ferate . . . 199
fergon . . . 199
FERIVA 21/7 . . . 199
FERIVA 21/7 (WITH DOCUSATE) . . . 199
FERIVAFA . . . 199
ferocon . . . 199
ferosul . . . 199
FERRALET 90 . . . 199
FERREX 150 FORTE . . . 199
ferric citrate . . . 207
FERRIPROX . . . 207
FERRIPROX TWICE-A-DAY . . . 207
FERRLECIT . . . 199
FERRO-SEQUELS . . . 199
ferrocite plus . . . 199
ferrotabs . . . 199
ferrous gluconate . . . 199
ferrous sulfate . . . 199
ferumoxytol . . . 199
fesoterodine fumarate er . . . 247
FETZIMA . . . 50
FETZIMA TITRATION . . . 50
feverall adults . . . 161
feverall childrens . . . 161
FEVERALL INFANTS . . . 161
FEVERALL JUNIOR STRENGTH . . . 161
fexmid . . . 372
fexofenadine hcl . . . 352
fexofenadine-pseudoephed er . . . 366
FIASP . . . 119
FIASP FLEXTOUCH . . . 119
FIASP PENFILL . . . 119
FIASP PUMPCART . . . 119
fiber . . . 231
fiber laxative . . . 231
fidaxomicin . . . 35
FIFTY50 ALCOHOL PREP . . . 306
FIFTY50 GLUCOSE METER 2.0 . . . 306
FIFTY50 GLUCOSE TEST 2.0 . . . 306
FIFTY50 SAFETY SEAL LANCETS . . . 306
FIFTY50 SUPERIOR COMFORT SYR . . . 306
FIFTY50 UNILET LANCETS 33G . . . 306
finasteride . . . 248
FINE 30 . . . 306
FINGERSTIX LANCETS . . . 306
fingolimod hcl . . . 168
FINTEPLA . . . 39
finzala . . . 259
FIORICET . . . 161
FIRAZYR . . . 274
FIRMAGON . . . 272
FIRMAGON (240 MG DOSE) . . . 272
first care pain relief . . . 22
FIRVANQ . . . 29
FLAGYL . . . 30
flanax . . . 8

FLAREX . . . 342
FLAVOR PLUS . . . 306
FLAVOR SWEET . . . 306
FLAVOR SWEET DYE FREE . . . 306
FLAVOR SWEET SF DYE FREE . . . 306
FLAVOR SWEET-SF . . . 306
flavovit ear health . . . 215
flavoxate hcl . . . 247
flecainide acetate . . . 133
FLECTOR . . . 8
fleet laxative mineral oil . . . 231
fleet oil . . . 231
fleet stimulant . . . 231
fleet stool softener . . . 231
FLEQSUVY . . . 98
flexitol sensitive skin . . . 186
flintstones complete . . . 215
flintstones gummies bone build . . . 215
FLINTSTONES PLUS EXTRA IRON . . . 215
flintstones w/iron . . . 215
FLOMAX . . . 249
flonase allergy rel childrens . . . 366
flonase allergy relief . . . 346
FLONASE SENSIMIST . . . 346
FLONASE SENSIMIST CHILDRENS . . . 346
FLOVENT DISKUS . . . 346
FLOVENT HFA . . . 346
FLUAD . . . 286
FLUARIX QUADRIVALENT . . . 286
FLUBLOK QUADRIVALENT . . . 286
FLUCELVAX QUADRIVALENT . . . 286
fluconazole . . . 60
flucytosine . . . 60
fludrocortisone acetate . . . 250
FLULAVAL QUADRIVALENT . . . 286
flunisolide . . . 347
fluocinolone acetonide . . . 178
fluocinolone acetonide body . . . 178
fluocinolone acetonide scalp . . . 178
fluocinonide . . . 178
fluocinonide emulsified base . . . 178
fluorometholone . . . 342
fluorouracil . . . 186
fluoxetine hcl . . . 50
FLUOXETINE HCL . . . 50
fluoxetine hcl (pmdd) . . . 50
fluphenazine decanoate . . . 84
fluphenazine hcl . . . 84
flurandrenolide . . . 178
FLURAZEPAM HCL . . . 373
flurbiprofen . . . 8
flurbiprofen sodium . . . 342
flutamide . . . 70
fluticasone furoate ellipta . . . 347
fluticasone furoate-vilanterol . . . 366
fluticasone propionate . . . 178,347
FLUTICASONE PROPIONATE . . . 178
fluticasone propionate 50 mcg/act suspension (rx) . . . 347
fluticasone propionate diskus . . . 347
fluticasone propionate hfa . . . 347
fluticasone-salmeterol . . . 366
fluvastatin sodium . . . 145
fluvastatin sodium er . . . 145
fluvoxamine maleate . . . 50
fluvoxamine maleate er . . . 50
FLUZONE HIGH-DOSE . . . 286
FLUZONE QUADRIVALENT . . . 286
FML . . . 342
FML FORTE . . . 342
FML LIQUIFILM . . . 342
FOCALIN . . . 154
FOCALIN XR . . . 154
FOCINVEZ . . . 57
folbic . . . 215
folic acid . . . 215
FOLIFLEX . . . 215
folika-bc . . . 215
FOLITAB 500 . . . 199
FOLITIN-Z . . . 215
FOLIVANE-F . . . 199
FOLIVANE-OB . . . 215
FOLIVANE-PLUS . . . 199

FOLPLEX 2.2 . . . 215
fondaparinux sodium . . . 123
FONDCIRCLE BLOOD GLUCOSE MONIT . . . 306
FONDCIRCLE BLOOD GLUCOSE TEST . . . 306
FONDCIRCLE SINGLE USE LANCETS . . . 306
FORA 6 CONNECT . . . 306
FORA 6 CONNECT/GTEL TEST . . . 306
FORA BLOOD GLUCOSE TEST . . . 307
FORA D15G BLOOD GLUCOSE TEST . . . 307
FORA D20 2-IN-1 MONITOR . . . 307
FORA D20 BLOOD GLUCOSE TEST . . . 307
FORA D40/G31 BLOOD GLUCOSE . . . 307
FORA G20 BLOOD GLUCOSE SYSTEM . . . 307
FORA G20 BLOOD GLUCOSE TEST . . . 307
FORA G30/PREM V10 GLUCOSE TEST . . . 307
FORA G30A BLOOD GLUCOSE SYSTEM . . . 307
FORA GD20 BLOOD GLUCOSE SYSTEM . . . 307
FORA GD20 TEST . . . 307
FORA GD50 BLOOD GLUCOSE SYSTEM . . . 307
FORA GD50 BLOOD GLUCOSE TEST . . . 307
FORA GTEL BLOOD GLUCOSE TEST . . . 307
FORA LANCETS . . . 307
FORA PREMIUM V10 BLE SYSTEM . . . 307
FORA TEST N' GO MONITOR . . . 307
FORA TN'G ADVANCE PRO . . . 307
FORA TN'G VOICE . . . 307
FORA TN'G/TN'G VOICE . . . 307
FORA V10 BLOOD GLUCOSE SYSTEM . . . 307
FORA V10 BLOOD GLUCOSE TEST . . . 307
FORA V12 BLOOD GLUCOSE SYSTEM . . . 307
FORA V12 BLOOD GLUCOSE TEST . . . 307
FORA V20 BLOOD GLUCOSE SYSTEM . . . 307
FORA V20 BLOOD GLUCOSE TEST . . . 307
FORA V30A BLOOD GLUCOSE SYSTEM . . . 307
FORA V30A BLOOD GLUCOSE TEST . . . 308
FORACARE GD40 MONITOR . . . 308
FORACARE GD40 TEST . . . 308
FORACARE PREMIUM V10 . . . 308
FORACARE PREMIUM V10 TEST . . . 308
FORACARE TEST N GO MONITOR . . . 308
FORACARE TEST N GO TEST . . . 308
FORFIVO XL . . . 47
formoterol fumarate . . . 359
formula 7 the solution . . . 60
FORTEO . . . 289
FORTESTA . . . 254
FORTISCARE G1 TEST STRIP . . . 308
FORTISCARE T1 GLUCOSE SYSTEM . . . 308
FORTISCARE TEST . . . 308
FOSAMAX . . . 289
FOSAMAX PLUS D . . . 289
fosamprenavir calcium . . . 105
FOSAPREPITANT DIMEGLUMINE . . . 57
fosfomycin tromethamine . . . 30
fosinopril sodium . . . 132
fosinopril sodium-hctz . . . 140
FOSRENOL . . . 207
FOTIVDA . . . 74
FRAGMIN . . . 123
FREDS PHARMACY UNILET LANC 28G . . . 308
FREDS PHARMACY UNILET LANC 30G . . . 308
FREESTYLE FREEDOM LITE . . . 308
FREESTYLE INSULINX TEST . . . 308
FREESTYLE LANCETS . . . 308
FREESTYLE LIBRE 14 DAY READER . . . 308
FREESTYLE LIBRE 2 READER . . . 308
FREESTYLE LIBRE 3 READER . . . 308
FREESTYLE LIBRE READER . . . 308
FREESTYLE LITE . . . 308
FREESTYLE LITE TEST . . . 308
FREESTYLE PRECISION NEO SYSTEM . . . 308
FREESTYLE PRECISION NEO TEST . . . 308
FREESTYLE TEST . . . 308
FREESTYLE UNISTICK II LANCETS . . . 308
freskaro magnesium citrate . . . 231
FROVA . . . 67
frovatriptan succinate . . . 67
FRUZAQLA . . . 71
ft 24 hour nasal allergy . . . 347
ft acid reducer . . . 239,241,242
ft acid reducer + antacid . . . 239
ft acid reducer max strength . . . 239

FT ADULT MULTI GUMMIES 199
ft all day allergy 352
ft all day allergy 24 hour 352
ft all day allergy relief 352
ft all day allergy-d 366
ft all day pain relief 8
ft allergy & congestion-d 12hr 366
ft allergy childrens 352
ft allergy d-12 hour 366
ft allergy relief 352
ft allergy relief 12 hour 352
ft allergy relief 24 hour 352
ft allergy relief 24 hr 366
ft allergy relief cetirizine 352
ft allergy relief childrens 352,353
ft allergy relief loratadine 353
ft allergy relief-d 366
ft ammonium lactate 178
ft anti-itch extra strength 178
ft antibiotic 30
ft antibiotic + pain relief 195
ft antifungal 60
ft arthritis pain 8
ft athletes foot (clotrimaz) 60
ft athletes foot (terbinafine) 60
ft docosanol 106
ft double antibiotic 195
ft electrolyte 199
ft enema mineral oil 231
ft eye allergy itch & redness 340
ft eye allergy itch relief 340
ft glucose 117
ft hemorrhoidal 186
ft ibuprofen 8
ft ibuprofen childrens 8
ft ibuprofen ib childrens 8
ft ibuprofen minis 8
FT IMMUNE SUPPORT 199
ft iron 200
ft itch relief max strength 178
ft itch relief/aloe max str 178
ft miconazole 1 60
ft miconazole 3 comb pack-supp 60
ft mineral oil 231
ft motion sickness 54
ft mucus relief 12hr 366
ft mucus relief 12hr max str 366
ft mucus relief dm 366
ft naloxone hcl 26
ft naproxen sodium 8
ft nasal spray 366
ft nicotine 27
ft nicotine mini 27
ft nighttime sleep aid 374
ft omeprazole 242
ft pain & fever childrens 161
ft pain & fever infants 162
ft pain relief 9,162
ft pain relief adult extra st 162
ft pain relief extra strength 162
ft pain relief max strength 22
ft pain reliever adults 162
ft pain reliever children 162
ft pain reliever ex str adult 162
ft pain reliver extra st adult 162
FT PRENATAL 200
ft rapid release pain relief 162
ft senna-s 231
ft sleep aid (doxylamine) 374
ft stomach relief 237
ft stool softener 231
ft tioconazole-1 60
ft triple antibiotic 195
ft triple antibiotic + pain 195
ft vitamin b-12 pr 215
ft vitamin d3 289
FULPHILA 125
FULVICIN P/G 165 60
fungi nail maximum strength 60
fungoid tincture 60
furosemide 143
FUSION 200

FUSION PLUS 200
FUZEON 104
fyavolv 259
FYCOMPA 39
FYLNETRA 125

G

gabapentin 42
gabapentin (once-daily) 162
GABARONE 42
GABITRIL 42
galantamine hydrobromide 46
galantamine hydrobromide er 46
galbriela 259
gallifrey 267
gas-x extra strength 237
gatifloxacin 341
gavilax 231
gavilyte-c 237
gavilyte-g 237
gavilyte-n with flavor pack 237
GAVRETO 74
GE100 BLOOD GLUCOSE SYSTEM 308
GE100 BLOOD GLUCOSE TEST 309
gefitinib 74
GEL-ONE 309
GELNIQUE 247
GELSYN-3 309
gelusil 237
gemfibrozil 144
gemmily 259
GEMTESA 247
GEN7T PLUS 22
GENERESS FE 259
generlac 231
gengraf 281
genicin vita-s 215
GENOTROPIN 252
GENOTROPIN MINIQUICK 252
gentak 341
gentamicin sulfate 29,341
GENTEEL BUTTERFLY TOUCH LANCET 309
GENTLE-LET GP LANCETS 309
GENTLE-LET LANCETS 309
GENVISC 850 309
GENVOYA 101
GEODON 89
geri-dryl 353
geri-tussin 366
geri-tussin dm 366
GERIVITE COMPLETE 215
GESTYRA 215
GHT BLOOD GLUCOSE MONITOR 309
GHT TEST 309
GILENYA 168
GILOTRIF 74
giltuss cough & chest 366
giltuss cough & chest children 366
giltuss diabetic cough & cold 367
giltuss honey cgh/chest conges 367
giltuss honey cgh/chst child 367
GIMOTI 54
glatiramer acetate 168
glatopa 168
GLEEVEC 74
glimepiride 113
GLIMEPIRIDE 113
glipizide 113
glipizide er 113
glipizide xl 113
glipizide-metformin hcl 113,114
GLOBAL ALCOHOL PREP EASE 309
GLOBAL INJECT EASE INSULIN SYR 309
GLOBAL INJECT EASE LANCETS 28G 309
GLOBAL INJECT EASE LANCETS 30G 309
GLUCAGEN DIAGNOSTIC 117
GLUCAGEN HYPOKIT 118
glucagon emergency 118
GLUCAGON EMERGENCY 118
gluco to go 118
GLUCOCARD 01 BLOOD GLUCOSE 309
GLUCOCARD 01 SENSOR PLUS 309

GLUCOCARD EXPRESSION MONITOR . . . 309
GLUCOCARD EXPRESSION TEST . . . 309
GLUCOCARD SHINE . . . 309
GLUCOCARD SHINE CONNEX . . . 309
GLUCOCARD SHINE EXPRESS . . . 309
GLUCOCARD SHINE TEST . . . 310
GLUCOCARD SHINE XL . . . 310
GLUCOCARD VITAL MONITOR . . . 310
GLUCOCARD VITAL TEST . . . 310
GLUCOCOM BLOOD GLUCOSE MONITOR . . . 310
GLUCOCOM LANCETS 28G . . . 310
GLUCOCOM LANCETS 30G . . . 310
GLUCOCOM LANCETS 33G . . . 310
GLUCOCOM MONITOR . . . 310
GLUCOCOM TEST . . . 310
GLUCONAVII BLOOD GLUCOSE TEST . . . 310
GLUCOPRO INSULIN SYRINGE . . . 310
glucose . . . 118
GLUCOSE INSTANT ENERGY . . . 118
GLUCOSE METER TEST . . . 310
GLUCOTROL XL . . . 114
GLUMETZA . . . 114
glyburide . . . 114
glyburide micronized . . . 114
glyburide-metformin . . . 114
glycerin (adult) . . . 231
glycerin adult . . . 232
glycerol phenylbutyrate . . . 246
glycolax . . . 232
glycopyrrolate . . . 236
glydo . . . 22
GLYNASE . . . 114
GLYXAMBI . . . 114
gnp 24 hour nasal allergy . . . 347
gnp 8 hour pain relief . . . 162
gnp acetaminophen . . . 162
gnp acid reducer . . . 239
gnp acid reducer max st . . . 239
GNP ADULT MINI . . . 200
GNP ALCOHOL SWABS . . . 310
gnp all day allergy . . . 353
gnp all day allergy childrens . . . 353
gnp all day allergy relief . . . 353
gnp all day allergy-d . . . 367
gnp allergy . . . 353
gnp allergy & congestion . . . 367
gnp allergy childrens . . . 353
gnp allergy relief . . . 353
gnp allergy relief 24 hr . . . 353
gnp allergy relief childrens . . . 353
gnp allergy relief max st . . . 353
gnp allergy/congestion relief . . . 367
gnp anti-itch . . . 178
gnp anti-nausea relief . . . 54
gnp antibiotic/pain relief . . . 195
gnp arthritis pain . . . 9
gnp athletes foot . . . 60
gnp bacitracin zinc . . . 30
gnp budesonide nasal spray . . . 347
GNP CENTURY ADULT . . . 200
GNP CENTURY ADULT FORMULA . . . 200
GNP CENTURY MATURE MEN'S 50+ . . . 200
GNP CENTURY MATURE WOMEN'S 50+ . . . 215
gnp children's pain & fever . . . 162
gnp childrens allergy . . . 353
gnp childrens ibuprofen . . . 9
gnp clearlax . . . 232
gnp clotrimazole 3 . . . 60
gnp diclofenac sodium . . . 9
gnp docosanol . . . 106
GNP EASY TOUCH GLUCOSE METER . . . 310
GNP EASY TOUCH GLUCOSE TEST . . . 310
gnp electrolyte solution . . . 200
gnp esomeprazole magnesium . . . 242
GNP ESSENTIAL ONE DAILY . . . 215
gnp fexofenadine/pse er . . . 367
gnp fluticasone propionate . . . 367
gnp gas relief extra strength . . . 237
gnp gentle laxative . . . 232
gnp glucose . . . 118
GNP HAIR/SKIN/NAILS . . . 215
GNP HEALTHY EYES . . . 200

gnp hemorrhoidal 186
gnp hydrocortisone 178
gnp hydrocortisone max st 179
gnp hydrocortisone plus 179
gnp hydrocortisone/aloe 179
gnp ibuprofen 9
gnp ibuprofen childrens 9
gnp ibuprofen infants 9
GNP IMMUNE SUPPORT 200
gnp infants pain/fever 162
GNP INSULIN SYRINGE 310
GNP INSULIN SYRINGES 310
GNP INSULIN SYRINGES 29GX1/2" 310
gnp iron 200
GNP LANCETS 21G 310
GNP LANCETS THIN 26G 310
gnp lansoprazole 242
gnp lice treatment 193
gnp lidocaine pain relief 22
gnp lidocaine pain relieving 22
gnp loratadine 353
gnp loratadine childrens 353
gnp loratadine-d 12hr 367
GNP MEGA MULTI FOR MEN 200
GNP MEGA MULTI FOR WOMEN 215
gnp miconazole 1 60
gnp miconazole 3 60
gnp miconazole 7 60
gnp miconazorb af 60
gnp mineral oil 232
gnp motion sickness relief 54
gnp mucus er 367
gnp muscle rub ultra strength 186
gnp naproxen sodium 9
gnp nasal decongestant 359
gnp nasal mist extra moisturiz 367
gnp natural fiber 232
gnp nausea relief 54
gnp nicotine 27
gnp nicotine mini 27
gnp nicotine polacrilex 27
gnp nighttime sleep (doxylam) 374
gnp olopatadine hcl 340
gnp omeprazole 242
GNP ONE DAILY MAXIMUM 200
GNP ONE DAILY MENS HEALTH 50+ 215
GNP ONE DAILY MENS/LYCOPENE 216
GNP ONE DAILY WOMENS 216
GNP ONE DAILY WOMENS 50+ 216
gnp pain & fever childrens 162
gnp pain & fever infants 162
gnp pain relief 162
gnp pain relief extra strength 162
GNP PRENATAL/FOLIC ACID 200
GNP QUICK DISSOLVE GLUCOSE 118
gnp senna plus 232
gnp sleep aid 374
gnp sleep aid nighttime 374
GNP STERILE LANCETS 28G 311
GNP STERILE LANCETS 30G 311
GNP STERILE LANCETS 33G 311
gnp stool softener 232
gnp stool softener/laxative 232
gnp terbinafine hydrochloride 61
GNP THERAPEUTIC-M 216
gnp tolnaftate 61
gnp triple antibiotic 195
gnp triple antibiotic plus 195
GNP TRUE METRIX AIR METER 311
GNP TRUE METRIX GLUCOSE METER 311
GNP TRUETRACK TEST STRIPS 311
gnp tussin adult 367
gnp tussin dm 367
gnp tussin dm cough 367
gnp vitamin b-12 216
gnp vitamin d 289
gnp vitamin d3 extra strength 289
GOCOVRI 81
GOJJI BLOOD GLUCOSE TEST 311
GOJJI BLOOD TEST STRIP/LANCETS 311
GOJJI STERILE LANCETS 311
gold bond everyday moisture 186

gold bond healing 186
gold bond medicated body 187
gold bond medicated body ex st 187
gold bond multi-symptom 22
gold bond pain & itch relief 22
gold bond pure moisture 187
gold bond ult sheer ribbons 187
gold bond ultimate 187
gold bond ultimate healing 187
gold bond ultimate overnight 187
gold bond ultimate protection 187
gold bond ultimate restoring 187
gold bond ultimate softening 187
gold bond ultimate soothing 187
GOMEKLI 74
GONITRO 148
GOOD START PRENATAL NOURISH 216
goodsense 24-hr allergy nasal 367
GOODSENSE ALCOHOL SWABS 311
goodsense all day allergy 353
goodsense all day allergy-d 367
goodsense aller-ease 353
goodsense allergy relief 353,354
goodsense allergy relief child 354
goodsense antibiotic/pain 195
goodsense arthritis pain 9
goodsense athletes foot 61
GOODSENSE BLOOD GLUCOSE 311
goodsense clearlax 232
GOODSENSE COLOR LANCETS 33G 311
goodsense ear wax kit 345
goodsense ear wax removal 345
goodsense electrolyte 200
goodsense electrolyte adv care 200
goodsense esomeprazole 242
goodsense eye itch relief 340
goodsense fiber laxative 232
goodsense first aid antibiotic 195
GOODSENSE GLUCOSE 118
goodsense hemorrhoidal 187
goodsense ibuprofen 9
goodsense ibuprofen childrens 9
goodsense ibuprofen infants 9
goodsense iron 200
GOODSENSE LANCETS 26G UNIV 311
GOODSENSE LANCETS 30G 311
GOODSENSE LANCETS 30G UNIV 311
GOODSENSE LANCETS 33G 311
GOODSENSE LANCETS 33G UNIV 311
goodsense lansoprazole 242
goodsense lice killing 193
goodsense lice killing max str 193
goodsense mineral oil 232
goodsense motion sickness 54
goodsense mucus er 367
goodsense mucus er maximum str 367
goodsense muscle rub 187
goodsense naproxen sodium 9
goodsense nasal allergy spray 347
goodsense nausea relief 54
goodsense nicotine 27
goodsense omep/sod bicarb 242
goodsense pain & fever child 162
goodsense pain & fever infants 162
goodsense pain relief 162
goodsense pain relief extra st 162
goodsense sleep aid ultra 374
goodsense stimulant lax plus 232
goodsense stimulant laxative 232
goodsense stool softener 232
gordomatic 187
GRALISE 162,163
granisetron hcl 57
GRANIX 125
GRAPE SYRUP 311
griseofulvin microsize 61
griseofulvin ultramicrosize 61
GRISEOFULVIN ULTRAMICROSIZE 61
guaiasorb dm 367
guaicon dms 367
guaifed 367
guaifed-dm 367

guaifenesin 367
guaifenesin dm 367
guaifenesin er 368
guaifenesin-dm 368
guanfacine hcl 129
guanfacine hcl er 154
GUARDIAN 4 TRANSMITTER 311
GUARDIAN CONNECT TRANSMITTER 311
GUARDIAN LINK 3 TRANSMITTER 311
GUARDIAN REAL-TIME REPLACE PED 311
GUMMI BEAR MULTIVITAMIN/MIN 216
GVOKE HYPOPEN 1-PACK 118
GVOKE HYPOPEN 2-PACK 118
GVOKE KIT 118
GVOKE PFS 118
GYNAZOLE-1 61

H

h-e-b childrens allergy 354
H-E-B INCONTROL ALCOHOL 311
H-E-B INCONTROL LANCETS 28G 311
H-E-B INCONTROL LANCETS 30G 311
H-E-B INCONTROL LANCETS 33G 312
h-e-b oral electrolyte 200
HADLIMA 281
HADLIMA PUSHTOUCH 282
HAEGARDA 274
HAEMOLANCE 312
HAEMOLANCE LOW FLOW LANCETS 312
HAEMOLANCE PLUS 312
HAEMOLANCE PLUS HIGH FLOW 312
HAEMOLANCE PLUS LOW FLOW 312
HAEMOLANCE PLUS MAX FLOW 312
HAEMOLANCE PLUS PEDIATRIC FLOW 312
hailey 1.5/30 259
hailey 24 fe 259
hailey fe 1.5/30 259
hailey fe 1/20 259
hair formula extra strength 216
HAIR SKIN AND NAILS FORMULA 216
HAIR/SKIN/NAILS 216
halcinonide 179
HALCION 374
HALDOL DECANOATE 85
halobetasol propionate 179
haloette 259
HALOG 179
haloperidol 85
haloperidol decanoate 85
haloperidol lactate 85
HARVONI 100
HAVRIX 286
HEALTHPRO BLOOD GLUCOSE MONITO 312
HEALTHWISE INSULIN SYR/NEEDLE 312
HEALTHY ACCENTS UNILET LANCETS 312
HEALTHY EYES 216
HEALTHY HAIR/SKIN/NAILS 216
healthy kids overall health 216
healthy mama shake that ache 163
healthylax 232
heartburn relief 239
heartburn relief max st 239
heather 267
HECTOROL 289
HELIDAC THERAPY 237
HEMADY 250
HEMANGEOL 134
HEMATINIC PLUS VIT/MINERALS 200
HEMATINIC/FOLIC ACID 200
hematogen 200
HEMATOGEN FA 200
HEMATOGEN FORTE 200
hemax ezy-dose 200
HEMLIBRA 127
HEMOCYTE PLUS 200
hemocyte-f 201
HEMOFIL M 127
hemorrhoidal 187
HEPARIN NA (PORK) LOCK FLSH PF 123
HEPARIN SOD (PORK) LOCK FLUSH 123
heparin sodium (porcine) 123
heparin sodium (porcine) +rfid 123

HEPSERA 99
her style 267
HERNEXEOS 74
HETLIOZ 374
HETLIOZ LQ 374
HI-KOVITE 2-PART FORMULA 216
hi-potency multi-vitamin 216
hm 24 hour nasal allergy 347
hm all day allergy 354
hm all day allergy childrens 354
hm allergy & congestion 368
hm allergy complete-d 368
hm allergy relief 354,368
hm allergy relief (cetirizine) 354
hm allergy relief childrens 354
hm allergy relief/nasal decong 368
hm bacitracin zinc 30
hm cetirizine hcl 354
hm clearlax 232
hm complete women 216
hm docosanol 106
hm double antibiotic 195
hm dual action complete 239
HM EMBRACE TALK SYSTEM 312
hm esomeprazole magnesium dr 242
hm eye allergy itch relief 340
hm eye allergy itch/red relief 340
hm famotidine 239
hm fexofenadine hcl 354
hm hemorrhoidal 187
hm hydrocortisone plus 179
hm hydrocortisone-aloe max st 179
hm ibuprofen 9
hm ibuprofen childrens 9
hm ibuprofen ib 9
hm ibuprofen infants 9
hm lansoprazole 243
hm lice killing max st 193
hm lice treatment 193
hm lidocaine patch 22
hm loratadine 354
hm loratadine childrens 354
hm mineral oil 232
hm motion sickness 54
hm motion sickness relief 54
hm mucus relief 368
hm mucus relief er max st 368
hm naproxen sodium 9
hm nicotine 27
hm nicotine polacrilex 27
hm nighttime sleep aid 374
hm omeprazole 243
hm pain & fever childrens 163
hm pain & fever infants 163
hm pain relief extra strength 163
hm pain relieve child dye-free 163
hm pain reliever 163
hm pain reliever childrens 163
hm pediatric electrolyte 201
hm senna-s 232
hm sleep aid 374
HM STERILE ALCOHOL PREP 312
hm stool softener 232
hm stool softener/laxative 232
hm triple antibiotic 195
hm triple antibiotic max st 195
hm tussin adult dm 368
hm vitamin d3 289
hm womens 50+ advanced daily 216
HOMENEB WITH SIDESTREAM 312
HORIZANT 163
HULIO (2 PEN) 282
HULIO (2 SYRINGE) 282
HUMALOG 119
HUMALOG JUNIOR KWIKPEN 119
HUMALOG KWIKPEN 119
HUMALOG MIX 50/50 119
HUMALOG MIX 50/50 KWIKPEN 119
HUMALOG MIX 75/25 119
HUMALOG MIX 75/25 KWIKPEN 120
HUMALOG TEMPO PEN 120
HUMATE-P 127

HUMATIN 29
HUMATROPE 252
HUMIDIFIER 312
HUMIRA 282
HUMIRA (1 PEN) 282
HUMIRA (2 PEN) 282
HUMIRA (2 SYRINGE) 282
HUMIRA-CD/UC/HS STARTER 282
HUMIRA-PED<40KG CROHNS STARTER 282
HUMIRA-PED>/=40KG CROHNS START 282
HUMIRA-PSORIASIS/UVEIT STARTER 282
HUMULIN 70/30 120
HUMULIN 70/30 KWIKPEN 120
HUMULIN N 120
HUMULIN N KWIKPEN 120
HUMULIN R 120
HUMULIN R U-500 (CONCENTRATED) 120
HUMULIN R U-500 KWIKPEN 120
HW EMBRACE PRO GLUCOSE METER 312
HW EMBRACE PRO GLUCOSE TEST 312
HW EMBRACE TALK BLOOD GLUCOSE 312
HW EMBRACE TALK GLUCOSE TEST 312
hy-vee glucose 118
HY-VEE LANCETS 312
HY-VEE THIN LANCETS 312
HYALGAN 6,312
hydralazine hcl 147
hydralyte 201
hydralyte freezer pops 201
HYDREA 71
hydrochlorothiazide 143
hydrocil 232
HYDROCODONE BITARTRATE ER 14
hydrocodone-acetaminophen 18
HYDROCODONE-ACETAMINOPHEN 18
hydrocodone-ibuprofen 18
HYDROCORT LOTION COMPLETE KIT 179
hydrocortisone 179,287
HYDROCORTISONE 179
hydrocortisone (perianal) 179
HYDROCORTISONE ACETATE 179
hydrocortisone anti-itch 179
HYDROCORTISONE BUTYR LIPO BASE 179
HYDROCORTISONE BUTYRATE 180
HYDROCORTISONE COMPLETE KIT 313
hydrocortisone max st 180
hydrocortisone max st/12 moist 180
hydrocortisone sod suc (pf) 250
hydrocortisone valerate 180
hydrocortisone-acetic acid 345
hydrocortisone-iodoquinol 187
hydrocortisone/aloe max str 180
HYDROMORPHONE HCL 18
hydromorphone hcl er 14
hydroxychloroquine sulfate 80
HYDROXYM 180
hydroxyprogesterone caproate 267
hydroxyurea 71
hydroxyzine hcl 354
hydroxyzine pamoate 107
HYMOVIS 313
HYMOVIS ONE 313
HYMPAVZI 127
HYOPHEN 30
HYPERRHO 274
HYPODERMIC NEEDLE 313
HYRIMOZ 282
HYRIMOZ-CROHNS/UC STARTER 282
HYRIMOZ-CROHNS/UC STARTER PACK 282
HYRIMOZ-PED CROHNS STARTER 282
HYRIMOZ-PLAQ PSOR/UVEIT START 282
HYRIMOZ-PLAQUE PSORIASIS START 282
HYRNUO 74
HYSINGLA ER 14
HYZAAR 141

I

I-VITE 216
ibandronate sodium 289
IBRANCE 74
IBSRELA 232
IBTROZI 74

ibu . . . 9,10
ibuprofen . . . 10
IBUPROFEN . . . 10
ibuprofen childrens . . . 10
ibuprofen infants . . . 10
ibuprofen junior strength . . . 10
ibuprofen-famotidine . . . 10
ICAPS MV . . . 216
icar-c . . . 201
icatibant acetate . . . 274
iclevia . . . 259
iclofenac cp . . . 10
ICLUSIG . . . 74
icosapent ethyl . . . 146
IDACIO (2 PEN) . . . 282
IDACIO (2 SYRINGE) . . . 282
IDACIO-CROHNS/UC STARTER . . . 282
IDACIO-PSORIASIS STARTER . . . 283
IDELVION . . . 127
IDHIFA . . . 74
IDOSE TR . . . 344
iferex 150 forte . . . 201
IGALMI . . . 98
IGLUCOSE MONITORING SYSTEM . . . 313
IGLUCOSE TEST STRIPS . . . 313
IHEALTH BLOOD GLUCOSE TEST STR . . . 313
IHEALTH GLUCO+ KIT 10 . . . 313
ILARIS . . . 275
ILEVRO . . . 342
ILUMYA . . . 275
ILUVIEN . . . 342
imatinib mesylate . . . 74
IMBRUVICA . . . 74
imipramine hcl . . . 53
imipramine pamoate . . . 53
imiquimod . . . 187
imiquimod pump . . . 187
IMITREX . . . 67
IMITREX STATDOSE REFILL . . . 68
IMITREX STATDOSE SYSTEM . . . 68
IMKELDI . . . 75
IMMUNE SUPPORT . . . 216
IMPEKLO . . . 180
IMPOYZ . . . 180
IMULDOSA . . . 275
IMURAN . . . 283
IN TOUCH STERILE LANCETS 30G . . . 313
INBRIJA . . . 83
incassia . . . 267
INCRUSE ELLIPTA . . . 358
indapamide . . . 143
INDERAL LA . . . 134
INDERAL XL . . . 134
indocin . . . 10
indomethacin . . . 10
indomethacin er . . . 10
infants ibuprofen . . . 10
infants pain & fever . . . 163
INFED . . . 201
INFINITY BLOOD GLUCOSE SYSTEM . . . 313
INFINITY BLOOD GLUCOSE TEST . . . 313
INFINITY VOICE . . . 313
INFLECTRA . . . 283
INFLIXIMAB . . . 283
INGREZZA . . . 163
INJECTAFER . . . 201
INLURIYO . . . 71
INLYTA . . . 75
INNOPRAN XL . . . 134
INNOSPIRE ESSENCE NEBULIZER . . . 313
INPEFA . . . 147
INREBIC . . . 75
INSULIN ASP PROT & ASP FLEXPEN . . . 120
INSULIN ASPART . . . 120
INSULIN ASPART FLEXPEN . . . 120
INSULIN ASPART PENFILL . . . 120
INSULIN ASPART PROT & ASPART . . . 120
INSULIN DEGLUDEC . . . 120
INSULIN DEGLUDEC FLEXTOUCH . . . 120
INSULIN GLARGINE . . . 120
INSULIN GLARGINE MAX SOLOSTAR . . . 120
INSULIN GLARGINE SOLOSTAR . . . 120

INSULIN GLARGINE-YFGN . . . 120
INSULIN LISPRO . . . 120
INSULIN LISPRO (1 UNIT DIAL) . . . 120
INSULIN LISPRO JUNIOR KWIKPEN . . . 120
INSULIN LISPRO PROT & LISPRO . . . 121
INSULIN SYRINGE . . . 313
INSULIN SYRINGE-NEEDLE U-100 . . . 313
INTEGRA . . . 201
INTEGRA F . . . 201
INTEGRA PLUS . . . 201
INTELENCE . . . 102
introvale . . . 260
INTUNIV . . . 154
INVEGA . . . 89,90
INVEGA HAFYERA . . . 90
INVEGA SUSTENNA . . . 90
INVEGA TRINZA . . . 90,91
INVELTYS . . . 342
INVOKAMET . . . 114
INVOKAMET XR . . . 114
INVOKANA . . . 147
IODOQUINOL-HC-ALOE POLYSACCH . . . 187
IOPIDINE . . . 344
ipratropium bromide . . . 358
ipratropium-albuterol . . . 368
IQIRVO . . . 313
irbesartan . . . 130
irbesartan-hydrochlorothiazide . . . 141
IRESSA . . . 75
iron . . . 201
iron (ferrous sulfate) . . . 201
iron 100/c . . . 201
iron 27 . . . 201
IRON FOLATE PLUS . . . 201
IRON FOLATE-F . . . 201
iron high-potency . . . 201
iron infant & toddler . . . 201
iron infant/toddler . . . 201
iron sucrose . . . 201
iron supplement . . . 201
iron supplement childrens . . . 201
iron-vitamin c . . . 201
IROSPAN 24/6 . . . 202
ISENTRESS . . . 101
ISENTRESS HD . . . 101
isibloom . . . 260
isoniazid . . . 69
isopropyl alcohol . . . 313
isopropyl alcohol wipes . . . 313
ISOPTO ATROPINE . . . 337
ISOPTO CARPINE . . . 344
ISORDIL TITRADOSE . . . 148
isosorb dinitrate-hydralazine . . . 141
isosorbide dinitrate . . . 148
isosorbide mononitrate . . . 148
isosorbide mononitrate er . . . 148
isotretinoin . . . 173
isradipine . . . 135
ISTALOL . . . 343
itch relief extra strength . . . 180
ITOVEBI . . . 75
itraconazole . . . 61
ivermectin . . . 80,193
IWILFIN . . . 71
IXINITY . . . 127
IYUZEH . . . 345
IZERVAY . . . 337

J

JADENU . . . 207
JADENU SPRINKLE . . . 207
jaimiess . . . 260
JAKAFI . . . 75
JALYN . . . 249
jantoven . . . 123
JANUMET . . . 114
JANUMET XR . . . 114
JANUVIA . . . 114
JARDIANCE . . . 147
JASCAYD . . . 361
jasmiel . . . 260
JATENZO . . . 254

JAVADIN . . . 129
JAYPIRCA . . . 75
jaythari . . . 250
jelcaine sterile . . . 22
jencycla . . . 267
JENTADUETO . . . 114
JENTADUETO XR . . . 114,115
jinteli . . . 260
JIVI . . . 127
johnsons skin nourish moist . . . 187
jolessa . . . 260
JORNAY PM . . . 155
JOURNAVX . . . 163
joyeaux . . . 260
JUBBONTI . . . 289
JUBLIA . . . 61
juleber . . . 260
JULUCA . . . 101
junel 1.5/30 . . . 260
junel 1/20 . . . 260
junel fe 1.5/30 . . . 260
junel fe 1/20 . . . 260
junel fe 24 . . . 260
just right 5000 . . . 169
JUXTAPID . . . 146
JYLAMVO . . . 283

K

k-prime . . . 202
kaitlib fe . . . 260
KALBITOR . . . 274
KALETRA . . . 105
kalliga . . . 260
kaopectate . . . 237
KAPSPARGO SPRINKLE . . . 134
KAPVAY . . . 155
kariva . . . 260
KATERZIA . . . 135
KAZ HEALTHMIST HUMIDIFIER . . . 313
KAZANO . . . 115
kelnor 1/35 . . . 260
kelnor 1/50 . . . 260
KENALOG . . . 180
KENALOG-10 . . . 250
KENALOG-40 . . . 250
KEPPRA . . . 39
KEPPRA XR . . . 39
keri nourishing shea butter . . . 187
keri original daily moisture . . . 187
KERYDIN . . . 61
KESIMPTA . . . 168
KETO-DIASTIX . . . 313
ketoconazole . . . 61
KETOPROFEN . . . 10
ketoprofen er . . . 10
ketorolac tromethamine . . . 10,342
KETOROLAC TROMETHAMINE . . . 10
ketotifen fumarate . . . 340
KEVZARA . . . 275
KHINDIVI . . . 287
kinderlyte . . . 202
kinderlyte premax . . . 202
kindermed kids allergy . . . 354
KINERET . . . 275
KINNEY LANCETS . . . 314
KINNEY THIN LANCETS . . . 314
KINRAY INSULIN SYRINGE . . . 314
kionex . . . 207
KIPROFEN . . . 11
KIRSTY . . . 121
KISQALI (200 MG DOSE) . . . 75
KISQALI (400 MG DOSE) . . . 75
KISQALI (600 MG DOSE) . . . 75
KISQALI FEMARA (400 MG DOSE) . . . 75
KISQALI FEMARA (600 MG DOSE) . . . 75
KITABIS PAK . . . 360
KLARON . . . 173
KLONOPIN . . . 109
klor-con . . . 202
klor-con 10 . . . 202
klor-con m10 . . . 202
klor-con m20 . . . 202

klor-con/ef . . . 202
KLOXXADO . . . 26
kls acetaminophen ex st . . . 163
kls aller-cort . . . 347
kls aller-fex . . . 354
kls aller-flo . . . 368
kls aller-tec childrens . . . 354
kls aller-tec d . . . 368
kls allerclear d-12hr . . . 368
kls allerclear d-24hr . . . 368
kls allergy medicine . . . 354
kls arthritis pain relief . . . 11
kls diclofenac sodium . . . 11
kls lansoprazole . . . 243
kls quit2 . . . 27
kls quit4 . . . 28
kls sleep aid . . . 374
kls stool softener . . . 232
KOATE . . . 127
KOATE-DVI . . . 127
kobee . . . 216
KOGENATE FS . . . 127
KOMBIGLYZE XR . . . 115
KOMZIFTI . . . 75
konsyl daily fiber . . . 233
KONVOMEP . . . 243
KOSELUGO . . . 75
kourzeq . . . 170
KOVALTRY . . . 127
KP ADULTS 50+ DAILY FORMULA . . . 216
KP ADULTS DAILY FORMULA . . . 216
kp diphenhydramine hcl . . . 354
kp ferrous sulfate . . . 202
kp folic acid . . . 216
KP MENS 50+ DAILY FORMULA . . . 216
KP MENS DAILY FORMULA . . . 217
KP PRENATAL MULTIVITAMINS . . . 202
KP VISION FORMULA . . . 217
KP VISION FORMULA/LUTEIN . . . 217
KP WOMENS 50+ DAILY FORMULA . . . 217
KP WOMENS DAILY FORMULA . . . 217
KRAZATI . . . 75
KRINTAFEL . . . 80
KROGER BLOOD GLUCOSE TEST . . . 314
KROGER GLUCOSE . . . 118
KROGER HEALTHPRO GLUCOSE TEST . . . 314
KROGER HEALTHPRO LANCET 26G . . . 314
KROGER INSULIN SYRINGE . . . 314
KROGER LANCETS . . . 314
KROGER LANCETS 21G . . . 314
KROGER LANCETS MICRO THIN 33G . . . 314
KROGER LANCETS SUPER THIN . . . 314
KROGER LANCETS THIN . . . 314
KROGER LANCETS THIN 26G . . . 314
KROGER LANCETS ULTRATHIN 30G . . . 314
KROGER PREMIUM BLOOD GLUCOSE . . . 314
KROGER PREMIUM GLUCOSE TEST . . . 314
KRYSTEXXA . . . 66
kurvelo . . . 260
KYLEENA . . . 267
kymbee . . . 250
KYNMOBI . . . 82
KYZATREX . . . 254

L

l-glutamine . . . 246
labetalol hcl . . . 134
LABETALOL HCL . . . 134
lacosamide . . . 44
LACRISERT . . . 337
lactaid . . . 246
lactase enzyme . . . 246
lactulose . . . 233
lactulose encephalopathy . . . 233
LAMICTAL . . . 39,111
LAMICTAL ODT . . . 39
LAMICTAL STARTER . . . 111
LAMICTAL XR . . . 40
LAMISIL AT . . . 61
lamisil at athletes foot . . . 61
lamisil at jock itch . . . 61
LAMISIL AT SPRAY ATHLETES FOOT . . . 61

LAMISIL AT SPRAY JOCK ITCH 61
lamivudine 99,103
lamivudine-zidovudine 103
lamotrigine 40,111,112
lamotrigine er 40
lamotrigine starter kit-blue 112
lamotrigine starter kit-green 112
lamotrigine starter kit-orange 112
LANCETS 314
LANCETS 28G THIN 314
LANCETS 30G 314
LANCETS 33G 314
LANCETS MICRO THIN 33G 314
LANCETS SUPER THIN 315
LANCETS SUPER THIN 28G 315
LANCETS THIN 315
LANCETS ULTRA THIN 315
LANCETS ULTRA THIN 30G 315
lansoprazole 243
lanthanum carbonate 207
LANTUS 121
LANTUS SOLOSTAR 121
lapatinib ditosylate 75
larin 1.5/30 260
larin 1/20 260
larin 24 fe 260
larin fe 1.5/30 260
larin fe 1/20 260
larissia 260
LASOLEX AG 61
LASTACAFT 340
latanoprost 345
LATUDA 91
laxacin 233
layolis fe 260
LAZCLUZE 75
LEADER GLUCOSE 118
LEADER INSULIN SYRINGE 315
LEADER QUICK DISSOLVE GLUCOSE 118
lederle leucovorin 71
LEDIPASVIR-SOFOSBUVIR 100
leena 261
leflunomide 283
LEMTRADA 168
lenalidomide 70
LENVIMA (10 MG DAILY DOSE) 75
LENVIMA (12 MG DAILY DOSE) 75
LENVIMA (14 MG DAILY DOSE) 75
LENVIMA (18 MG DAILY DOSE) 75
LENVIMA (20 MG DAILY DOSE) 75
LENVIMA (24 MG DAILY DOSE) 75
LENVIMA (4 MG DAILY DOSE) 76
LENVIMA (8 MG DAILY DOSE) 76
LEQSELVI 315
LEQVIO 146
LESCOL XL 145
lessina 261
LETAIRIS 361
letrozole 72
leucovorin calcium 71
LEUKERAN 69
LEUKINE 125
leuprolide acetate 272
leuprolide acetate (3 month) 272
levalbuterol hcl 359
levalbuterol tartrate 359
LEVAMLODIPINE MALEATE 135
LEVEMIR 121
LEVEMIR FLEXPEN 121
LEVEMIR FLEXTOUCH 121
levetiracetam 40
LEVETIRACETAM 40
levetiracetam er 40
levo-t 269
levobunolol hcl 343
levocarnitine 217
levocarnitine sf 217
levocetirizine dihydrochloride 355
levofloxacin 36,341
levonest 261
levonorg-eth estrad triphasic 261
levonorgest-eth est & eth est 261

levonorgest-eth estrad 91-day . . . 261
levonorgest-eth estradiol-iron . . . 261
levonorgestrel . . . 267
levonorgestrel-ethinyl estrad . . . 261
levora 0.15/30 (28) . . . 261
levorphanol tartrate . . . 14
LEVOTHYROXINE SODIUM . . . 270
levothyroxine sodium . . . 270
levoxyl . . . 270
LEXAPRO . . . 50
LEXETTE . . . 180
LEXIVA . . . 105
LIALDA . . . 286
LIBERTY MEDICAL LANCETS . . . 315
LIBERVANT . . . 42
LICART . . . 11
lice killing . . . 193
lice killing maximum strength . . . 193
lice killing shampoo max str . . . 193
lice treatment creme rinse . . . 193
LIDAFLEX . . . 22
lido king . . . 22
LIDOCAINE . . . 22
lidocaine . . . 22
lidocaine hcl . . . 22
LIDOCAINE HCL . . . 22
lidocaine hcl (pf) . . . 22
lidocaine hcl urethral/mucosal . . . 22
LIDOCAINE HCL URETHRAL/MUCOSAL . . . 22
lidocaine max st 24 hours . . . 23
lidocaine pain relief . . . 23
lidocaine pain relief max st . . . 23
lidocaine pain relieving . . . 23
lidocaine plus . . . 23
lidocaine viscous hcl . . . 23
lidocaine-prilocaine . . . 23
LIDOCAINE-TETRACAINE . . . 23
lidocaine-transparent dressing . . . 23
lidocan . . . 23
lidocare arm/neck/leg . . . 23
lidocare back/shoulder . . . 23
lidocore . . . 23
LIDODERM . . . 23
lidofore flexipatch . . . 23
lidoguard . . . 23
lidoheal-90 . . . 23
LIDOLITE . . . 23
lidopril . . . 23
lidopril xr . . . 23
LIDOREAL-30 . . . 23
LIDOREX . . . 23
LIDOSOL . . . 23
LIDOSOL-50 . . . 23
LIDOTOR . . . 24
LIDOTRAL . . . 24
lidozall . . . 24
lidozall plus . . . 24
LIDOZO . . . 24
LIDTOPIC . . . 24
LIKMEZ . . . 81
LILETTA (52 MG) . . . 267
lillow . . . 261
linezolid . . . 30
lintera wash . . . 195
LINZESS . . . 233
liomny . . . 270
LIOTHYRONINE SODIUM . . . 270
liothyronine sodium . . . 270,271
LIPITOR . . . 145
lipo flavonoid advanced balanc . . . 217
lipo flavonoid plus . . . 217
LIPOFEN . . . 144
lipoflavovit . . . 217
lipotriad . . . 217
LIQREV . . . 361
liquid acetaminophen . . . 163
liquid allergy relief . . . 355
liquid pain relief . . . 163
liraglutide . . . 115
lisdexamfetamine dimesylate . . . 151,152
lisinopril . . . 132
lisinopril-hydrochlorothiazide . . . 141

LITE TOUCH LANCETS . . . 315
LITETOUCH INSULIN SYRINGE . . . 315
LITETOUCH LANCETS . . . 315
LITFULO . . . 187
lithium carbonate . . . 112
lithium carbonate er . . . 112
little remedies for fever . . . 163
LIVALO . . . 145
LIVDELZI . . . 315
LIVE BETTER LANCET SUPER THIN . . . 315
LIVE BETTER LANCET ULTRA THIN . . . 315
LIVIXIL PAK . . . 24
LIVTENCITY . . . 99
lmx 4 plus . . . 24
LO LOESTRIN FE . . . 261
lo-zumandimine . . . 261
LOCOID . . . 180
LOCOID LIPOCREAM . . . 180
LODOCO . . . 141
LODOSYN . . . 83
loestrin 1.5/30 (21) . . . 261
loestrin 1/20 (21) . . . 261
loestrin fe 1.5/30 . . . 261
loestrin fe 1/20 . . . 261
lofena . . . 11
lofexidine hcl . . . 26
lojaimiess . . . 261
Lokelma 10 GM PACKET (NDCs 00310-1110-30, 00310-1110-39 only) . . . 207
Lokelma 5 GM PACKET (NDCs 00310-1105-30, 00310-1105-39 only) . . . 208
LONGS GLUCOSE . . . 118
LONGS LANCETS STANDARD . . . 315
LONGS LANCETS THIN . . . 315
LONGS LANCETS ULTRA THIN . . . 315
LONHALA MAGNAIR REFILL KIT . . . 358
LONHALA MAGNAIR STARTER KIT . . . 358
LONSURF . . . 71
LOPID . . . 144
lopinavir-ritonavir . . . 105
LOPRESSOR . . . 134
LOPROX . . . 195
loratadine . . . 355
loratadine childrens . . . 355
loratadine-d 12hr . . . 368
loratadine-d 24hr . . . 368
LORAZEPAM . . . 110
lorazepam . . . 110
lorazepam intensol . . . 110
LORBRENA . . . 76
LOREEV XR . . . 110
LORTAB . . . 18
loryna . . . 261
lorzone . . . 372
losartan potassium . . . 131
losartan potassium-hctz . . . 141
LOSEASONIQUE . . . 261
LOTEMAX . . . 342
LOTEMAX SM . . . 342
LOTENSIN . . . 132
LOTENSIN HCT . . . 141
loteprednol etabonate . . . 342
loteprednol-tobramycin . . . 337
LOTREL . . . 141
lotrimin af . . . 61
lotrimin ultra . . . 61
LOTRONEX . . . 236
lovastatin . . . 145
LOVAZA . . . 146
LOVENOX . . . 124
low-ogestrel . . . 261
loxapine succinate . . . 85
lubiprostone . . . 233
lubricating lotion . . . 187
lubricating tears eye drops . . . 338
lubriderm . . . 187
lubriderm advanced therapy . . . 188
lubriderm daily moisture . . . 188
lubriderm intense skin repair . . . 188
lubrisoft . . . 188
LUCEMYRA . . . 26
LUCENTIS . . . 338

LUER LOCK SAFETY SYRINGES . . . 315
luizza 1.5/30 . . . 261
luizza 1/20 . . . 261
luliconazole . . . 61
LUMAKRAS . . . 76
LUMIGAN . . . 345
LUNESTA . . . 374
LUPKYNIS . . . 283
LUPRON DEPOT (1-MONTH) . . . 272
LUPRON DEPOT (3-MONTH) . . . 272
LUPRON DEPOT (4-MONTH) . . . 272
LUPRON DEPOT (6-MONTH) . . . 272
LUPRON DEPOT-PED (1-MONTH) . . . 272
LUPRON DEPOT-PED (3-MONTH) . . . 272
LUPRON DEPOT-PED (6-MONTH) . . . 272
lurasidone hcl . . . 91
LURBIPR . . . 11
lutera . . . 261
LUTRATE DEPOT . . . 272
LUXIQ . . . 180
LUZU . . . 61
LYBALVI . . . 47
lyleq . . . 267
lyllana . . . 262
lymepak . . . 37
LYNPARZA . . . 76
LYRICA . . . 166
LYRICA CR . . . 166,167
LYSIPLEX PLUS . . . 217
LYSODREN . . . 72
LYTGOBI (12 MG DAILY DOSE) . . . 76
LYTGOBI (16 MG DAILY DOSE) . . . 76
LYTGOBI (20 MG DAILY DOSE) . . . 76
LYUMJEV . . . 121
LYUMJEV KWIKPEN . . . 121
LYUMJEV TEMPO PEN . . . 121
LYVISPAH . . . 98
lyza . . . 267

M

m-dryl . . . 355
M-NATAL PLUS . . . 217
m-pap . . . 163
MACROBID . . . 30
MACRODANTIN . . . 30
MACUVITE . . . 217
MACUVITE EYE CARE . . . 217
macuvite/lutein . . . 217
MAGELLAN INSULIN SAFETY SYR . . . 316
magnesium citrate . . . 233
MALARONE . . . 81
malathion . . . 193
maraviroc . . . 104
MARINOL . . . 57
marlissa . . . 262
MARPLAN . . . 49
MASONATAL . . . 202
MATERNACEL . . . 217
MATERVIA . . . 217
MATRONEX . . . 217
matzim la . . . 137
MAVENCLAD (10 TABS) . . . 168
MAVENCLAD (4 TABS) . . . 168
MAVENCLAD (5 TABS) . . . 168
MAVENCLAD (6 TABS) . . . 168
MAVENCLAD (7 TABS) . . . 168
MAVENCLAD (8 TABS) . . . 168
MAVENCLAD (9 TABS) . . . 168
MAVYRET . . . 100
max relief jr child pain/fever . . . 163
max relief junior . . . 163
max tussin dm cough&chest cong . . . 368
maxallergy kids . . . 355
MAXALT . . . 68
MAXALT-MLT . . . 68
maxi-tuss g . . . 368
MAXIDEX . . . 343
MAXIMUM DAILY GREEN . . . 217
MAXITROL . . . 338
MAYZENT . . . 168
MAYZENT STARTER PACK . . . 168
MB CAPS . . . 30

ME/NAPHOS/MB/HYO1 . . . 30
meclizine hcl . . . 54
meclofenamate sodium . . . 11
mederma ag hand & body . . . 188
medi-natural plus . . . 233
medi-phedryl . . . 355
medi-tabs extra strength . . . 163
medi-tussin dm . . . 368
MEDIC INSULIN SYRINGE . . . 316
MEDICHOICE SAFETY LANCET . . . 316
MEDICHOICE SAFETY LANCET EXTRA . . . 316
MEDICHOICE SAFETY LANCET NORM . . . 316
MEDLANCE EXTRA 21G . . . 316
MEDLANCE LITE 25G . . . 316
MEDLANCE PLUS EXTRA 21G . . . 316
MEDLANCE PLUS LANCETS . . . 316
MEDLANCE PLUS LITE 25G . . . 316
MEDLANCE PLUS SPECIAL 0.8MM . . . 316
MEDLANCE PLUS SUPERLITE 30G . . . 316
MEDLANCE PLUS UNIVERSAL 21G . . . 316
MEDLANCE UNIVERSAL 21G . . . 316
medpura alcohol pads . . . 316
medpura antifungal . . . 62
medpura benzoyl peroxide . . . 173,188
medpura hydrocortisone . . . 180
medpura vitamin a & d . . . 188
MEDROL . . . 250
medroxyprogesterone acetate . . . 267,268
mefenamic acid . . . 11
mefloquine hcl . . . 81
mega multiple/chelated mineral . . . 217
megestrol acetate . . . 268
MEIJER ADVANCED FORMULA . . . 217
MEIJER ALCOHOL SWABS . . . 316
meijer allergy relief-d . . . 368
meijer antihistamine allergy . . . 355
meijer aspirin free . . . 164
MEIJER BLOOD GLUCOSE . . . 316
MEIJER BLOOD GLUCOSE TEST . . . 316
meijer ferrous sulfate . . . 202
MEIJER GLUCOSE . . . 118
MEIJER LANCETS . . . 316
MEIJER LANCETS THIN . . . 316
MEIJER LANCETS UNIVERSAL 21G . . . 316
MEIJER LANCETS UNIVERSAL 30G . . . 316
MEIJER LANCETS UNIVERSAL 33G . . . 317
MEIJER PREMIUM BLOOD GLUCOSE . . . 317
MEIJER SUPER THIN LANCETS . . . 317
MEKINIST . . . 76
MEKTOVI . . . 76
meleya . . . 268
meloxicam . . . 11
melphalan . . . 69
memantine hcl . . . 47
MEMANTINE HCL . . . 47
memantine hcl er . . . 47
memantine hcl-donepezil hcl . . . 46
memantine hcl-donepezil hcl er . . . 46
MENEST . . . 262
MENOSTAR . . . 262
MENS LIFE PACK . . . 217
MENS MULTIVITAMIN . . . 217
MENS MULTIVITAMIN GUMMIES . . . 202
MENTAX . . . 62
MEPERIDINE HCL . . . 18
meprobamate . . . 107
mercaptopurine . . . 71
MERILOG . . . 121
MERILOG SOLOSTAR . . . 121
merzee . . . 262
mesalamine . . . 287
mesalamine er . . . 287
mesalamine-cleanser . . . 287
METADATE CD . . . 155
metamucil smooth texture . . . 233
METAXALONE . . . 372
metformin hcl . . . 115
metformin hcl er . . . 115
metformin hcl er (mod) . . . 115
metformin hcl er (osm) . . . 115
methadone hcl . . . 14
methadone hcl intensol . . . 14

METHADOSE 14
METHADOSE SUGAR-FREE 14
methamphetamine hcl 152
methazolamide 344
methenamine hippurate 30
METHENAMINE MANDELATE 30
methimazole 273
METHITEST 254
methocarbamol 372
METHOTREXATE 283
methotrexate sodium 283
methotrexate sodium (pf) 283
methsuximide 41
methyldopa 129
METHYLIN 155
methylphenidate 155
methylphenidate hcl 155
methylphenidate hcl er 156
methylphenidate hcl er (cd) 156
methylphenidate hcl er (la) 156
methylphenidate hcl er (osm) 156,157
METHYLPHENIDATE HCL ER (OSM) 157
methylphenidate hcl er (xr) 157
methylprednisolone 251
methylprednisolone acetate 251
methylprednisolone sodium succ 251
methyltestosterone 254
metoclopramide hcl 54,55
metoclopramide hcl +rfid 54
metolazone 143
metoprolol succinate er 134
metoprolol tartrate 134
METOPROLOL TARTRATE 134
metoprolol-hydrochlorothiazide 141
metronidazole 30
mexiletine hcl 133
MI-VITE RX 217
MIACALCIN 289
mibelas 24 fe 262
MICARDIS 131
MICARDIS HCT 141
micomitin 62
MICONATATE 62
miconazole 1 62
miconazole 3 62
miconazole 3 combo pack 62
miconazole 3 combo pack app 62
miconazole 3 combo-supp 62
miconazole 7 62
miconazole nitrate 62
miconazole nitrate combo pack 62
MICONAZOLE-ZINC OXIDE-PETROLAT 62
MICORT HC 180
micotrin ac 62
micotrin al 62
micotrin ap 62
MICRODOT BLOOD GLUCOSE SYSTEM 317
MICRODOT TEST 317
microgestin 1.5/30 262
microgestin 1/20 262
microgestin 24 fe 262
microgestin fe 1.5/30 262
microgestin fe 1/20 262
MICROLET LANCETS 317
MICROLET NEXT LANCETS 317
midazolam hcl 164
midodrine hcl 129,130
MIEBO 338
miglitol 115
miglustat 246
MIGRANAL 67
mili 262
MILLIPRED 251
millipred 251
milltrium advanced formula 217
milltrium cardio 218
milltrium senior 218
mimvey 262
MINASTRIN 24 FE 262
mineral oil 233
mineral oil lubricant laxative 233
MINERAL OIL-HYDROPHIL PETROLAT 188

minerin . . . 188
MINIPRESS . . . 130
MINIVELLE . . . 262
minocycline hcl . . . 37
minocycline hcl er . . . 38
MINOLIRA . . . 38
minoxidil . . . 147,148
mintox plus . . . 237
minzoya . . . 262
mirabegron er . . . 247
miralax mix-in pax . . . 233
MIRAPEX ER . . . 82
MIRCERA . . . 125
MIRCETTE . . . 262
MIRENA (52 MG) . . . 268
mirtazapine . . . 48
misoprostol . . . 240
MITIGARE . . . 66
MIUDELLA INTRAUTERINE COPPER . . . 317
mm acetaminophen ex str . . . 164
mm acid-pep maximum strength . . . 239
mm aller-ben . . . 355
MM BLOOD GLUCOSE SYSTEM . . . 317
MM BLOOD GLUCOSE SYSTEM REFILL . . . 317
MM BLULINK GLUCOSE MONIT SYS . . . 317
MM BLULINK GLUCOSE TEST . . . 317
MM EASY TOUCH GLUCOSE . . . 317
MM EASY TOUCH GLUCOSE METER . . . 317
mm fexofenadine hcl . . . 355
MM INSULIN SYRINGE/NEEDLE . . . 317
mm stool softener . . . 233
mm stool softener laxative . . . 233
MM TWIST LANCETS . . . 317
MOBIC . . . 11
MOBILE LANCETS 30G . . . 317
modafinil . . . 376
MODEYSO . . . 72
moexipril hcl . . . 132
moisture . . . 188
moisture recovery . . . 188
moisture-all . . . 188
moisturizing lotion . . . 188
moisturizing sensitive skin . . . 188
molindone hcl . . . 85
MOMETACURE . . . 317
mometasone furoate . . . 180,347
monistat 1 combo pack . . . 62
monistat 1 day or night . . . 62
monistat 1-day . . . 62
monistat 3 . . . 62
monistat 3 combination pack . . . 62
MONISTAT 3 COMBINATION PACK . . . 62
monistat 3 combo pack app . . . 62
MONISTAT 7 COMBO PACK APP . . . 62
MONISTAT 7 COMPLETE THERAPY . . . 63
monistat 7 simply cure . . . 63
mono-linyah . . . 262
MONOFERRIC . . . 202
MONOJECT HYPODERMIC NEEDLE . . . 317
MONOJECT INSULIN SYRINGE . . . 318
MONOJECT MAGELLAN SAFETY NDL . . . 318
MONOJECT MAGELLAN SYRINGE . . . 318
MONOJECT SYRINGE . . . 318
MONOJECT ULTRA COMFORT SYRINGE . . . 318
MONOLET LANCETS . . . 318
MONOLET OPD LANCETS . . . 318
MONOLETTOR SAFETY LANCETS . . . 318
MONOVISC . . . 318
montelukast sodium . . . 358
MONUROL . . . 30
morphine sulfate . . . 19
MORPHINE SULFATE . . . 19
morphine sulfate (concentrate) . . . 18
morphine sulfate er . . . 14,15
morphine sulfate er beads . . . 15
MOTEGRITY . . . 233
motion sickness relief . . . 55
motion-time . . . 55
MOTPOLY XR . . . 40
MOUNJARO . . . 115
MOVANTIK . . . 233
moxicaine . . . 24

moxifloxacin hcl 36,341
moxifloxacin hcl (2x day) 341
MPD SAFETY LANCET 21G 318
MPD SAFETY LANCET 23G 318
MPD SAFETY LANCET 28G 318
MPD SAFETY LANCET 30G 318
MS CONTIN 15
MS INSULIN SYRINGE 318
msm skin 188
mucinex 368
mucinex dm 368
mucinex maximum strength 368
mucolyte 368
mucolyte-dm 368
mucus & chest congestion 368
mucus dm 369
mucus relief 369
mucus relief dm 369
mucus relief er 369
mucus relief max st 369
mucus-dm 369
MULPLETA 125
MULTI + OMEGA-3 ADULT GUMMIES 218
MULTI + OMEGA-3 GUMMIES 202
MULTI ADULT GUMMIES 218
multi antibiotic plus 195
MULTI COMPLETE/IRON 218
MULTI FOR HER 218
MULTI FOR HER 50+ 218
MULTI FOR HIM 218
MULTI FOR HIM 50+ 218
MULTI VITAMIN 218
multi vitamin daily 218
MULTI VITAMIN/MINERALS 218
multi-lean 218
MULTI-MAC 202
multi-vit/iron/fluoride 202
MULTI-VITAMIN 218
multi-vitamin daily 218
MULTI-VITAMIN GUMMIES 218
multi-vitamin menopausal 218
MULTI-VITAMIN/FLUORIDE/IRON 202
MULTI-VITAMIN/MINERALS 218
MULTIGEN 202
MULTIGEN FOLIC 202
MULTIGEN PLUS 202
MULTIPLE VIT/MINERALS/NO IRON 218
MULTIPLE VITAMIN-FOLIC ACID 218
MULTIPLE VITAMINS 218
MULTIPLE VITAMINS ESSENTIAL 218
MULTIPLE VITAMINS/WOMENS 218
MULTIVIT-MIN GUMMIES CHILDRENS 218
MULTIVITAMIN ADULT 219
MULTIVITAMIN ADULTS 219
MULTIVITAMIN ADULTS 50+ 219
MULTIVITAMIN GUMMIES ADULT 219
MULTIVITAMIN GUMMIES MENS 219
MULTIVITAMIN GUMMIES WOMENS 202
MULTIVITAMIN IRON-FREE 219
MULTIVITAMIN MEN 50+ 219
multivitamin w/fluoride 202
MULTIVITAMIN WOMEN 219
MULTIVITAMIN WOMEN 50+ 219
MULTIVITAMIN WOMENS 50+ ADV 219
multivitamin/fluoride 202
multivitamin/fluoride/iron 203
mupirocin 195
mupirocin calcium 195
muscle rub ultra strength 188
MVW COMPLETE FORMULATION 219
MVW COMPLETE FORMULATION D3000 219
MVW COMPLETE FORMULATION D5000 219
MVW ORANGE CHEWABLES 203
MX-SOL 318
MX-SOL SF 318
my choice 268
my way 268
MYAMULTI 219
mycophenolate mofetil 283
mycophenolate sodium 283
mycophenolic acid 283
mycozyl ac 63

mycozyl al 63
mycozyl ap 63
MYDAYIS 152
MYFEMBREE 252
MYFORTIC 283
MYGLUCOHEALTH BLOOD GLUCOSE 318
MYGLUCOHEALTH LANCETS 30G 318
MYGLUCOHEALTH TEST 319
MYHIBBIN 283
MYLERAN 69
mylicon infants gas relief 237
MYNEPHRON 219
MYOBLOC 372
MYRBETRIQ 247,248
MYSOLINE 42

N

na ferric gluc cplx in sucrose 203
nabumetone 11
nadolol 134
nafrinse 203
naftifine hcl 63
NAFTIN 63
NALFON 11
NALOCET 19
naloxone hcl 26
naloxone hcl 4 mg/0.1ml nasal spray 26
naltrexone hcl 25
NAMENDA 47
NAMENDA TITRATION PAK 47
NAMENDA XR 47
NAMZARIC 46
naphcon-a 338
NAPRELAN 11
NAPROSYN 11
naproxen 11
naproxen dr 12
naproxen sodium 12
naproxen sodium er 12
naproxen-esomeprazole mg 12
naramin 355
naratriptan hcl 68
narcan 26
NARDIL 49
nasal allergy 24 hour 347
nasal decongestant spray 369
nasal moisturizing spray 369
nasonex 24hr 348
nat-rul b-50 219
nat-rul iron 203
nat-rul vitamin d 289
NATAL PNV 203
NATAZIA 262
nateglinide 115
NATESTO 254
NATROBA 193
natural fiber 233
natural fiber laxative 233
nausea relief 55
NAYZILAM 42
NEB 200 COMPRESSOR NEBULIZER 319
nebivolol hcl 134
necon 0.5/35 (28) 262
nefazodone hcl 50
NEFFY 359
NEMLUVIO 275
neo-polycin 338
neo-polycin hc 338
NEO-SYNALAR 188
NEO-VITAL RX 219
NEOMATERNA 219
neomycin sulfate 29
neomycin-bacitracin zn-polymyx 338
neomycin-polymyxin-dexameth 338
neomycin-polymyxin-gramicidin 338
neomycin-polymyxin-hc 345
neomycin-polymyxin-hc 3.5-10000-1 ophth suspension . 338
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1% 346
NEONATAL + DHA 203
NEONATAL COMPLETE 219
NEONATAL FE 219

NEONATAL PLUS 219
NEORAL 283
neosporin original 195
neosporin plus pain relief ms 195
neosporin/burn relief 195
NEPHRON FA 203
nephronex 219
NERLYNX 76
NESINA 115
NESTABS 219
NESTABS DHA 203
NESTABS ONE 219
NEUAC 173
NEULASTA 125
NEULASTA ONPRO 125
NEUPOGEN 125
NEUPRO 82
NEURONTIN 42
NEUTEK 2TEK TEST 319
neutrogena moisture sens skin 188
NEVANAC 343
nevirapine 102
nevirapine er 102
new day 268
NEXAVAR 76
NEXICLON XR 130
NEXIUM 243,244
NEXLETOL 141
NEXLIZET 146
NEXPLANON 268
NEXTSTELLIS 262
NGENLA 253
NIACIN (ANTIHYPERLIPIDEMIC) 146
niacin er (antihyperlipidemic) 146
NIACOR 146
NIASPAN 146
nicardipine hcl 135
nicoderm cq 28
nicorette 28
NICORETTE 28
nicorette mini 28
NICORETTE MINI 28
nicorette starter kit 28
nicotine 28
NICOTINE 28
nicotine mini 28
nicotine polacrilex 28
nicotine polacrilex mini 28
nicotine step 1 28
nicotine step 2 28
nicotine step 3 28
NICOTROL 28
NICOTROL NS 28
nifedipine 135
nifedipine er 135
nifedipine er osmotic release 135
NIFEREX 203
night time sleep aid 374
nighttime sleep aid 374
nikki 262
NILOTINIB D-TARTRATE 76
nilotinib hcl 76
nimodipine 135
NINLARO 76
nisoldipine er 136
nitazoxanide 81
NITRO-BID 148
NITRO-DUR 148
nitrofurantoin 30
NITROFURANTOIN 30
nitrofurantoin macrocrystal 31
nitrofurantoin monohyd macro 31
nitroglycerin 148
NITROLINGUAL 148
NITROMIST 148
NITROSTAT 148
NIVA THYROID 271
niva-fol 220
NIVA-PLUS 220
nivea 188
nivea essentially enriched 188
nivea in-shower 188

nivea intense healing . . . 188
nivea shea nourish . . . 188
NIVESTYM . . . 125
nizatidine . . . 239
NIZATIDINE . . . 239
NIZORAL . . . 63
NOKOR VENTED NEEDLE . . . 319
non-aspirin . . . 164
non-aspirin extra strength . . . 164
non-aspirin pain relief . . . 164
nora-be . . . 268
NORDITROPIN FLEXPRO . . . 253
norelgestromin-eth estradiol . . . 262
norethin ace-eth estrad-fe . . . 262,263
norethin-eth estradiol-fe . . . 263
norethindron-ethinyl estrad-fe . . . 263
norethindrone . . . 268
norethindrone acet-ethinyl est . . . 263
norethindrone acetate . . . 268
norethindrone-eth estradiol . . . 263
NORGESIC . . . 372
NORGESIC FORTE . . . 372
norgestim-eth estrad triphasic . . . 263
norgestimate-eth estradiol . . . 263
NORLIQVA . . . 136
norlyda . . . 268
NORPRAMIN . . . 53
nortrel 0.5/35 (28) . . . 263
nortrel 1/35 (21) . . . 263
nortrel 1/35 (28) . . . 263
nortrel 7/7/7 . . . 263
nortriptyline hcl . . . 53
NORVASC . . . 136
NORVIR . . . 105
NOURIANZ . . . 81
NOVA MAX BLOOD GLUCOSE SYSTEM . . . 319
NOVA MAX GLUCOSE TEST . . . 319
NOVA SAFETY LANCETS 23G . . . 319
NOVA SAFETY LANCETS 28G . . . 319
NOVA SUREFLEX LANCETS . . . 319
NOVAFERRUM YAY . . . 203
NOVOEIGHT . . . 127
NOVOLIN 70/30 . . . 121
NOVOLIN 70/30 FLEXPEN . . . 121
NOVOLIN 70/30 FLEXPEN RELION . . . 121
NOVOLIN 70/30 RELION . . . 121
NOVOLIN N . . . 121
NOVOLIN N FLEXPEN . . . 121
NOVOLIN N FLEXPEN RELION . . . 121
NOVOLIN N RELION . . . 121
NOVOLIN R . . . 121
NOVOLIN R FLEXPEN . . . 121
NOVOLIN R FLEXPEN RELION . . . 121
NOVOLIN R RELION . . . 121
NOVOLOG . . . 121
NOVOLOG 70/30 FLEXPEN RELION . . . 121
NOVOLOG FLEXPEN . . . 122
NOVOLOG FLEXPEN RELION . . . 122
NOVOLOG MIX 70/30 . . . 122
NOVOLOG MIX 70/30 FLEXPEN . . . 122
NOVOLOG MIX 70/30 RELION . . . 122
NOVOLOG PENFILL . . . 122
NOVOLOG RELION . . . 122
NOVOSEVEN RT . . . 127
NOXAFIL . . . 63
NP THYROID . . . 271
NPLATE . . . 125
NUBEQA . . . 70
NUCALA . . . 369
NUCYNTA . . . 19
NUCYNTA ER . . . 15
NUFERA . . . 203
NUPLAZID . . . 91
NURTEC . . . 67
nutraderm . . . 188
nutraderm advanced formula . . . 188
NUTRIFAC ZX . . . 220
NUTROPIN AQ NUSPIN 10 . . . 253
NUTROPIN AQ NUSPIN 20 . . . 253
NUTROPIN AQ NUSPIN 5 . . . 253
NUVARING . . . 263
NUVESSA . . . 31

NUVIGIL . . . 376
NUWIQ . . . 127,128
NUZYRA . . . 38
nyamyc . . . 63
nylia 1/35 . . . 263
nylia 7/7/7 . . . 263
NYMALIZE . . . 136
nymyo . . . 263
NYPOZI . . . 126
nystatin . . . 63
nystatin-triamcinolone . . . 188
nystop . . . 63
nytol quickcaps . . . 374
NYVEPRIA . . . 126

O

OB COMPLETE . . . 220
OB COMPLETE ONE . . . 220
OB COMPLETE PETITE . . . 220
OB COMPLETE PREMIER . . . 220
OB COMPLETE/DHA . . . 220
OBIZUR . . . 128
OCALIVA . . . 237
ocean nasal spray . . . 369
ocella . . . 263
OCREVUS . . . 168
OCREVUS ZUNOVO . . . 169
OCUFLOX . . . 341
OCUTABS . . . 220
OCUTABS-LUTEIN . . . 220
OCUVITE EXTRA . . . 220
OCUVITE EYE + MULTI . . . 220
OCUVITE EYE HEALTH GUMMIES . . . 220
OCUVITE-LUTEIN . . . 220
ODEFSEY . . . 102
ODOMZO . . . 76
OFEV . . . 362
ofloxacin . . . 36,341
OGSIVEO . . . 76
OHTUVAYRE . . . 361
OJEMDA . . . 76
OJJAARA . . . 72
olanzapine . . . 91,92
olanzapine-fluoxetine hcl . . . 48
olmesartan medoxomil . . . 131
olmesartan medoxomil-hctz . . . 141
olmesartan-amlodipine-hctz . . . 141
olopatadine hcl . . . 340,355
olopatadine hcl extra strength . . . 340
OLPRUVA (2 GM DOSE) . . . 246
OLPRUVA (3 GM DOSE) . . . 246
OLPRUVA (4 GM DOSE) . . . 246
OLPRUVA (5 GM DOSE) . . . 246
OLPRUVA (6 GM DOSE) . . . 246
OLPRUVA (6.67 GM DOSE) . . . 246
OLUMIANT . . . 275
OLUX . . . 180
OLUX-E . . . 180
OMECLAMOX-PAK . . . 237
omega-3-acid ethyl esters . . . 146
omeprazole . . . 244
omeprazole magnesium . . . 244
omeprazole-sodium bicarbonate . . . 244
OMLONTI . . . 344
OMNARIS . . . 348
OMNIPOD 5 DEXCOM G7G6 INTRO KIT (GEN 5) . . . 319
OMNIPOD 5 DEXG7G6 PODS GEN 5 . . . 319
OMNIPOD 5 G7 INTRO (GEN 5) . . . 319
OMNIPOD 5 G7 PODS (GEN 5) . . . 319
OMNIPOD 5 LIBRE2 G6 INTRO GEN5 . . . 319
OMNIPOD 5 LIBRE2 PLUS G6 PODS . . . 319
OMNIPOD CLASSIC PODS (GEN 3) . . . 319
OMNIPOD DASH INTRO (GEN 4) . . . 319
OMNIPOD DASH PDM (GEN 4) . . . 319
OMNIPOD DASH PODS (GEN 4) . . . 319
OMNIPOD GO . . . 319
OMNITROPE . . . 253
OMVOH . . . 237
OMVOH (300 MG DOSE) . . . 237
ON CALL EXPRESS BLOOD GLUCOSE . . . 319
ON CALL EXPRESS MONITORING SYS . . . 319
ONCE DAILY . . . 220

ondansetron 57
ONDANSETRON 57
ondansetron hcl 57
ondansetron hcl +rfid 57
ONE A DAY IMMUNITY DEFENSE 220
ONE A DAY MENS VITACRAVES 220
ONE A DAY PRENATAL 203,220
ONE A DAY PRENATAL ADVANCED 203
ONE A DAY WOMEN 50 PLUS 220
ONE DAILY 220
ONE DAILY 50 PLUS 220
ONE DAILY CALCIUM/IRON 220
ONE DAILY COMPLETE 220
ONE DAILY COMPLETE FOR MEN 220
ONE DAILY ESSENTIAL 220
ONE DAILY FOR MEN 50+ ADVANCED 221
ONE DAILY FOR MEN/LYCOPENE 221
ONE DAILY FOR WOMEN 221
ONE DAILY FOR WOMEN 50+ ADV 221
ONE DAILY HEALTHY WEIGHT 221
ONE DAILY HEALTHY WEIGHT ADV 221
ONE DAILY MAXIMUM 221
ONE DAILY MENS 221
ONE DAILY MENS 50+ MULTIVIT 221
ONE DAILY MENS 50+/LYCOPENE 221
ONE DAILY MENS HEALTH 221
ONE DAILY MULTIVIT/IRON-FREE 221
ONE DAILY MULTIVITAMIN ADULT 221
ONE DAILY MULTIVITAMIN MEN 221
ONE DAILY MULTIVITAMIN WOMEN 221
ONE DAILY WOMENS 221
ONE DAILY WOMENS 50 PLUS 221
ONE DAILY WOMENS 50+ 221
ONE DAILY/MINERALS 221
one vite ferrous sulfate 203
ONE-A-DAY FOR HER VITACRAVES 221
ONE-A-DAY FOR HIM VITACRAVES 221
ONE-A-DAY MENS VITACRAVES 221
one-a-day teen advantage/her 221
ONE-A-DAY VITACRAVES 221
ONE-A-DAY VITACRAVES ADULT 222
ONE-A-DAY VITACRAVES IMMUNITY 222
ONE-A-DAY VITACRAVES SOUR 222
ONE-A-DAY WOMENS VITACRAVES 203
ONE-DAILY MULTI VITAMINS 222
ONE-DAILY MULTI-VIT/MINERAL 222
ONE-DAILY MULTI-VITAMIN 222
onelax magnesium citrate 233
ONENATAL RX 222
ONETOUCH DELICA PLUS LANCET30G 319
ONETOUCH DELICA PLUS LANCET33G 319
ONETOUCH DELICA SAFETY LANCING 319
ONETOUCH SOLUTIONS STARTER KIT 319
ONETOUCH ULTRA 319
ONETOUCH ULTRA 2 320
ONETOUCH ULTRA BLUE TEST 320
ONETOUCH ULTRA TEST 320
ONETOUCH ULTRASOFT 2 LANCETS 320
ONETOUCH ULTRASOFT LANCETS 320
ONETOUCH VERIO 320
ONETOUCH VERIO FLEX METER 320
ONETOUCH VERIO FLEX STARTR KIT 320
ONETOUCH VERIO REFLECT METER 320
ONETOUCH VERIO REFLECT STR KIT 320
ONEXTON 173
ONFI 42
ONGENTYS 82
ONGLYZA 115
ONTRALFY 98
ONYDA XR 157
ONZETRA XSAIL 68
opcicon one-step 268
OPILL 268
OPIPZA 92
OPSUMIT 361
OPSYNVI 361
OPTIC-VITES 222
OPTIC-VITES WITH LUTEIN 222
OPTICHAMBER DIAMOND 320
OPTICHAMBER DIAMOND-LG MASK 320
OPTICHAMBER DIAMOND-MD MASK 320
OPTICHAMBER DIAMOND-SM MASK 320

OPTIFAST POST BARIATRIC . . . 222
OPTIMUM AIRVITES . . . 222
OPTIMUM PMS . . . 222
option 2 . . . 268
OPTISOURCE POST BARIATRIC SURG . . . 222
OPTIUMEZ TEST . . . 320
OPURITY BYPASS OPTIMIZED . . . 222
OPVEE . . . 26
OPZELURA . . . 188
ORA-PLUS . . . 320
ORA-SWEET . . . 320
ORA-SWEET SF . . . 320
ORACEA . . . 38
ORACIT . . . 249
ORAL CITRATE . . . 249
oral electrolyte freezer pops . . . 203
oral electrolytes . . . 203
ORAL SUSPEND . . . 320
ORAL SYRUP . . . 320
ORAL SYRUP SF . . . 320
oralone . . . 170
oralyte . . . 203
oralyte freezer pops . . . 203
ORAPENN SD ANHYD SWEETENED . . . 320
ORAPENN SD ANYHYD UNSWEETEN . . . 320
ORAPRED ODT . . . 251
ORAVIG . . . 63
ORENCIA . . . 275,284
ORENCIA CLICKJECT . . . 275
ORENITRAM . . . 361
ORENITRAM MONTH 1 . . . 361
ORENITRAM MONTH 2 . . . 361
ORENITRAM MONTH 3 . . . 361
ORGOVYX . . . 72
ORIAHNN . . . 272
ORILISSA . . . 272
ORLADEYO . . . 274
ORLYNVAH . . . 34
orphenadrine citrate er . . . 372
ORPHENADRINE-ASPIRIN-CAFFEINE . . . 372
ORPHENGESIC FORTE . . . 372
orquidea . . . 268
ORSERDU . . . 71
orsythia . . . 263
ORTHOVISC . . . 320
ORTIKOS . . . 287
ORUDIS . . . 12
oseltamivir phosphate . . . 106
OSENI . . . 115
OSENVELT . . . 289
OSMOLEX ER . . . 82
OSPOMYV . . . 289
OSTEOPRIME ULTRA . . . 222
OTEZLA . . . 189
OTEZLA XR . . . 189
OTEZLA/OTEZLA XR INITIATION PK . . . 189
OTIPRIO . . . 346
OTOVEL . . . 346
OTREXUP . . . 284
OTULFI . . . 275
OVIDE . . . 193
oxandrolone . . . 253
OXAPROZIN . . . 12
oxaprozin . . . 12
OXAYDO . . . 19
oxazepam . . . 110,111
OXBRYTA . . . 246,247
oxcarbazepine . . . 44,45
oxcarbazepine er . . . 45
oxiconazole nitrate . . . 63
OXISTAT . . . 63
OXTELLAR XR . . . 45
OXYBUTYNIN CHLORIDE . . . 248
oxybutynin chloride . . . 248
oxybutynin chloride er . . . 248
oxycodone hcl . . . 19
OXYCODONE HCL . . . 19
OXYCODONE HCL ER . . . 15
oxycodone hcl er . . . 15
oxycodone-acetaminophen . . . 19
OXYCODONE-ACETAMINOPHEN . . . 19
OXYCONTIN . . . 15

oxymorphone hcl . . . 19
oxymorphone hcl er . . . 15
OXYTROL . . . 248
OXYTROL FOR WOMEN . . . 248
OZEMPIC (0.25 OR 0.5 MG/DOSE) . . . 115
OZEMPIC (1 MG/DOSE) . . . 116
OZEMPIC (2 MG/DOSE) . . . 116
OZOBAX . . . 98
OZOBAX DS . . . 98
OZURDEX . . . 343

P

P2I PRENATAL WITH CHOLINE . . . 203
pacerone . . . 133
pain & fever childrens . . . 164
pain & fever infants . . . 164
pain & fever kids . . . 164
pain and fever relief kids . . . 164
pain relief childrens . . . 164
pain relief extra strength . . . 164
pain relief maximum strength . . . 24
pain relief regular strength . . . 164
pain reliever . . . 164
pain reliever extra strength . . . 164
pain reliever for adults . . . 164
pain reliever/fever reducer . . . 164
pain relieving ultra st . . . 189
paliperidone er . . . 92
palmers cocoa butter formula . . . 189
palmers coconut oil body . . . 189
palmers stretch marks . . . 189
PALONOSETRON HCL . . . 57
PAMELOR . . . 53
PAMIDRONATE DISODIUM . . . 289
pamidronate disodium . . . 290
panadol childrens . . . 164
panadol extra strength . . . 164
panadol infants . . . 164
PANCREAZE . . . 247
PANDEL . . . 180
panoxyl acne treatment . . . 173
panoxyl creamy wash . . . 189
panoxyl foaming wash . . . 189
pantoprazole sodium . . . 244
PARAGARD INTRAUTERINE COPPER . . . 320
PARI LC PLUS NEBULIZER . . . 320
paricalcitol . . . 290
PARLODEL . . . 82
paroxetine hcl . . . 50
paroxetine hcl er . . . 51
paroxetine mesylate . . . 51
pataday . . . 340
PATANASE . . . 355
PAVBLU . . . 338
PAXIL . . . 51
PAXIL CR . . . 51
PAXLOVID (150/100) . . . 107
PAXLOVID (300/100) . . . 107
pazopanib hcl . . . 76
PC LANCETS SUPER THIN 30G . . . 320
pc pediatric iron drops . . . 203
PCCA SWEET-SF . . . 321
PCCA SYRUP VEHICLE . . . 321
ped electrolyte freeze pops . . . 203
ped electrolyte freezer pops . . . 203
pedia vance . . . 203
pediacare children . . . 164
pediacare childrens allergy . . . 355
pediacare infant fever/pain . . . 164
pediacare infants . . . 164
pedialyte . . . 203
pedialyte advanced care . . . 203
pedialyte freezer pops . . . 204
pedialyte immune support . . . 204
pedialyte singles . . . 204
PEDIAPRED . . . 251
pediatric electrolyte . . . 204
peg 3350 . . . 233
peg 3350-kcl-na bicarb-nacl . . . 237
peg-3350/electrolytes . . . 237
peg-3350/electrolytes/ascorbat . . . 237
peg-kcl-nacl-nasulf-na asc-c . . . 237

PEGASYS 279
PEMAZYRE 77
penciclovir 195
penicillin g potassium 34
penicillin g sodium 34
penicillin v potassium 34
PENNSAID 12
PENTASA 287
pentazocine-naloxone hcl 20
pentoxifylline er 141
PEPCID 239
pepcid ac 239
pepto-bismol 237
perampanel 40
PERCOCET 20
PERFECT LANCETS 28G 321
PERFECT LANCETS 30G 321
PERFECT POINT SAFETY LANCETS 321
PERFOROMIST 359
PERINDOPRIL ERBUMINE 132
periogard 170
PERMETHRIN 193
perphenazine 55
perphenazine-amitriptyline 48
PERSERIS 92
PERTZYE 247
PEXEVA 51
pfizerpen 34
pharbedryl 355
pharbetol 164
pharbetol extra strength 164
PHARMACIST CHOICE ALCOHOL 321
PHARMACIST CHOICE AUTOCODE 321
PHARMACIST CHOICE AUTOCODE SYS 321
pharmacist choice d-vitamin 290
PHARMACIST CHOICE LANCETS 321
pharmacist choice lidocaine 24
PHARMACIST CHOICE MINI SYSTEM 321
PHARMACIST CHOICE NO CODING 321
PHARMACY COUNTER LANCETS 321
PHEBURANE 247
phenelzine sulfate 49
PHENERGAN 55
phenobarbital 43
phenylephrine hcl 338
phenytek 45
phenytoin 45
phenytoin infatabs 45
phenytoin sodium extended 45
philith 263
phillips stool softener 234
PHOSLYRA 207
PHOSPHA 250 NEUTRAL 249
phosphasal 31
phospho-trin 250 neutral 249
PHOSPHOLINE IODIDE 344
phosphorous 249
PHYRAGO 77
phytonadione 128
PIFELTRO 102
pilocarpine hcl 170,344
pimozide 85
pimtrea 263
pindolol 134
pioglitazone hcl 116
pioglitazone hcl-glimepiride 116
pioglitazone hcl-metformin hcl 116
PIP BLOOD GLUCOSE MONITORING 321
PIP BLOOD GLUCOSE TEST STRIP 321
PIP LANCETS 28G 321
PIP LANCETS 30G 321
PIQRAY (200 MG DAILY DOSE) 77
PIQRAY (250 MG DAILY DOSE) 77
PIQRAY (300 MG DAILY DOSE) 77
pirfenidone 362
pirmella 1/35 263
pirmella 7/7/7 263
piroxicam 12
pitavastatin calcium 145
PIVYA 34
plan b one-step 268
PLAQUENIL 81

PLAVIX . . . 129
PLEGRIDY . . . 169
PLEGRIDY STARTER PACK . . . 169
PLEXION . . . 189
PLEXION CLEANSER . . . 189
PLEXION CLEANSING CLOTH . . . 189
PLIAGLIS . . . 24
PNEUMOVAX 23 . . . 286
PNV PRENATAL PLUS MULTIVIT+DHA . . . 204
PNV TABS 20-1 . . . 204
pnv-dha . . . 222
PNV-DHA+DOCUSATE . . . 222
PNV-OMEGA . . . 222
pnv-select . . . 222
podofilox . . . 189
POGO AUTOMATIC BLOOD GLUCOSE . . . 321
POGO AUTOMATIC TEST CARTRIDGES . . . 321
poly bacitracin . . . 195
POLY HUB NEEDLE . . . 321
POLY-IRON 150 FORTE . . . 204
POLY-VI-SOL . . . 222
polycin . . . 338
polyethylene glycol 3350 . . . 234
polymyxin b-trimethoprim . . . 341
polysporin . . . 195
POLYTRIM . . . 341
polyvinyl alcohol . . . 338
pomalidomide . . . 70
POMALYST . . . 70
PONVORY . . . 169
PONVORY STARTER PACK . . . 169
portia-28 . . . 264
posaconazole . . . 63
POSFREA . . . 57
potassium chloride . . . 204
potassium chloride crys er . . . 204
potassium chloride er . . . 204
potassium citrate er . . . 204
PRADAXA . . . 124
PRALUENT . . . 146
pramipexole dihydrochloride . . . 82
pramipexole dihydrochloride er . . . 82
prasugrel hcl . . . 129
pravastatin sodium . . . 145
prazosin hcl . . . 130
PRECISION THINS GP LANCETS . . . 321
PRECISION XTRA BLOOD GLUCOSE . . . 321
PRECISION XTRA-GLUCOSE/KETONE . . . 321
PRECOSE . . . 116
PRED FORTE . . . 343
PRED MILD . . . 343
PRED-G . . . 338
PRED-G S.O.P. . . . 338
prednicarbate . . . 180
prednisolone . . . 251
prednisolone acetate . . . 343
PREDNISOLONE SODIUM PHOSPHATE . . . 251,343
prednisolone sodium phosphate . . . 251
PREDNISONE . . . 251
prednisone . . . 252
PREDNISONE INTENSOL . . . 252
PREFERRED PLUS GLUCOSE . . . 118
PREFERRED PLUS INSULIN SYRINGE . . . 322
PREFERRED PLUS LANCETS COLORED . . . 322
PREFERRED PLUS LANCETS THIN . . . 322
PREFEST . . . 264
pregabalin . . . 167
pregabalin er . . . 167
PREGEN DHA . . . 204
PREMARIN . . . 264
PREMIUM BLOOD GLUCOSE TEST . . . 322
PREMPHASE . . . 264
PREMPRO . . . 264
PRENAISSANCE . . . 222
PRENAISSANCE PLUS . . . 222
PRENATAL . . . 204,222
PRENATAL (W/IRON & FA) . . . 204
PRENATAL 19 . . . 204
PRENATAL ESSENTIALS . . . 204
PRENATAL MULTI +DHA . . . 204
PRENATAL PLUS VITAMIN/MINERAL . . . 222
PRENATAL VITAMIN PLUS LOW IRON . . . 222

PRENATAL-U 204
PRENATAL/FOLIC ACID+DHA 205
PRENATE 222
PRENATE AM 223
PRENATE DHA 223
PRENATE ELITE 223
PRENATE ENHANCE 223
PRENATE ESSENTIAL 223
PRENATE MINI 223
PRENATE PIXIE 223
PRENATE RESTORE 223
PRENATRIX 223
PRENATRYL 223
preparation h 189
PREPLUS 223
PRESERVISION AREDS 2 223
PREVACID 245
PREVACID 24HR 245
prevacid 24hr 245
PREVACID SOLUTAB 245
prevalite 146
previfem 264
PREVNAR 13 286
PREVYMIS 99
PREZCOBIX 105
PREZISTA 105
PRILO PATCH II 24
PRILOHEAL PLUS 30 24
prilolid 24
PRILOSEC 245
PRILOVIX 24
prilovix lite 24
prilovix lite plus 24
PRILOVIX PLUS 24
PRILOVIXIL 24
PRIMACARE 223
primaquine phosphate 81
primidone 43
PRISTIQ 51
PRIZOPAK II 24
PRO COMFORT ALCOHOL 322
PRO COMFORT INSULIN SYRINGE 322
PRO COMFORT LANCETS 30G 322
PRO COMFORT LANCETS 31G 322
PRO COMFORT SAFETY LANCETS 30G 322
PRO VOICE V8 GLUCOSE SYSTEM 322
PRO VOICE V8/V9 GLUCOSE 322
PRO VOICE V9 GLUCOSE SYSTEM 322
PROAIR DIGIHALER 359
PROAIR HFA 359
PROAIR RESPICLICK 359
probenecid 66
PROCARDIA XL 136
procentra 152
PROCHAMBER VHC 322
prochlorperazine 55
prochlorperazine edisylate 55
prochlorperazine maleate 55
PROCRIT 126
procto-med hc 181
proctocort 181
PROCTOFOAM HC 189
proctosol hc 181
proctozone-gmax adult 234
proctozone-hc 181
PRODIGY AUTOCODE BLOOD GLUCOSE 322
PRODIGY LANCETS 28G 322
PRODIGY NO CODING BLOOD GLUC 322
PRODIGY POCKET BLOOD GLUCOSE 322
PRODIGY SAFETY LANCETS 26G 322
PRODIGY TWIST TOP LANCETS 28G 322
PRODIGY VOICE BLOOD GLUCOSE 322
PROFILNINE 128
progesterone 268
PROGRAF 284
PROLATE 20
PROLENSA 343
PROLIA 290
PROMACTA 126
promethazine hcl 55,355
PROMETHAZINE VC 369
promethazine-dm 369

PROMETHAZINE-PHENYLEPHRINE . . . 369
promethegan . . . 55
PROMETRIUM . . . 268
propafenone hcl . . . 133
propranolol hcl . . . 135
propranolol hcl er . . . 135
propylthiouracil . . . 273
PROSCAR . . . 249
PROSIGHT . . . 223
PROTONIX . . . 245
PROTOPIC . . . 181
protriptyline hcl . . . 53
PROVENTIL HFA . . . 360
PROVERA . . . 268
PROVIDA OB . . . 223
PROVIGIL . . . 376
PROZAC . . . 51
prucalopride succinate . . . 234
pruradik . . . 193
pseudoeph-bromphen-dm . . . 369
PSORCON . . . 181
PSS SELECT GP LANCETS . . . 323
PSS SELECT SAFETY LANCETS . . . 323
PULMICORT . . . 348
PULMICORT FLEXHALER . . . 348
PULMONEB LT . . . 323
PURE COMFORT ALCOHOL PREP . . . 323
PURE COMFORT LANCETS 30G . . . 323
PURE COMFORT SAFETY LANCET 30G . . . 323
PUREVIT DUALFE PLUS . . . 205
px advanced formula multivits . . . 223
px allergy . . . 355
px allergy relief d (loratid) . . . 369
px b-50 . . . 223
px childrens pain relief . . . 164
px childrens vitamin . . . 223
px complete senior multivits . . . 223
px docusate sodium . . . 234
px dual action . . . 240
PX GLUCOSE . . . 118
px iron . . . 205
PX LANCETS MICROTHIN 33G . . . 323
PX LANCETS ULTRA THIN . . . 323
PX LANCETS ULTRA THIN 28G . . . 323
px mens multivitamins . . . 223
px miconazole 3-day combo . . . 63
px pain relief extra strength . . . 164
px tussin dm . . . 369
PYLERA . . . 237
pyquvi . . . 252
pyrazinamide . . . 69
PYZCHIVA . . . 275
Pyzchiva 130 MG/26ML SOLUTION (ONLY SANDOZ PREFERRED) . . . 275
Pyzchiva 45 MG/0.5ML SOLN PRSYR (ONLY SANDOZ PREFERRED) . . . 275
Pyzchiva 45 MG/0.5ML SOLUTION (ONLY SANDOZ PREFERRED) . . . 276
Pyzchiva 90 MG/ML SOLN PRSYR (ONLY SANDOZ PREFERRED) . . . 276

Q

QBRELIS . . . 132
qc 3 day . . . 63
qc 8 hour arthritis pain . . . 165
qc 8 hour pain relief . . . 165
qc acetaminophen infants . . . 165
qc acid controller . . . 240
qc acid controller max st . . . 240
qc alcohol . . . 323
QC ALCOHOL SWABS . . . 323
qc all day allergy . . . 356
qc allergy childrens . . . 356
qc allergy relief . . . 356,369
qc allergy relief childrens . . . 356
qc anti-itch aloe . . . 181
qc anti-itch extra strength . . . 181
qc anti-nausea . . . 56
qc antifungal (tolnaftate) . . . 63
qc athletes foot . . . 63
qc childrens allergy . . . 356
QC CHILDRENS COMPLETE . . . 223

qc childrens ibuprofen . . . 12
qc clotrimazole . . . 63
qc complete allergy medicine . . . 356
QC DAILY MULTIVIT/MULTIMINERAL . . . 223
qc diclofenac sodium . . . 12
qc esomeprazole magnesium . . . 245
QC ESSENTIALS . . . 223
qc famotidine acid reducer . . . 240
qc ferrous sulfate . . . 205
qc fexofenadine hydrochloride . . . 356
qc gentle laxative . . . 234
QC HAIR SKIN & NAILS . . . 223
qc hemorrhoidal . . . 189
qc ibuprofen . . . 12
QC LANCETS SUPER THIN 30G . . . 323
QC LANCETS ULTRA THIN . . . 323
qc lansoprazole . . . 245
qc laxative . . . 234
qc loratadine allergy relief . . . 356
qc loratadine-d . . . 369
qc magnesium citrate . . . 234
QC MENS DAILY MULTIVITAMIN . . . 223
qc miconazole 7 . . . 63
qc mineral oil heavy . . . 234
qc mucus relief . . . 369
qc mucus relief max st . . . 369
QC MULTI-VITE . . . 223
QC MULTI-VITE 50 & OVER . . . 224
qc naproxen sodium . . . 12
qc natura-lax . . . 234
qc natural vegetable . . . 234
qc nicotine transdermal system . . . 28
qc non-aspirin childrens . . . 165
qc non-aspirin extra strength . . . 165
qc olopatadine hcl . . . 340
qc omeprazole magnesium . . . 245
qc pain relief . . . 165
qc pain relief childrens . . . 165
qc pain relief extra strength . . . 165
qc pain relief infants . . . 165
qc pain relieving . . . 189
qc rest simply . . . 374
qc senna-s . . . 234
qc stomach relief . . . 237
qc stool softener . . . 234
qc stool softener pls laxative . . . 234
QC THERIN-M . . . 224
qc tolnaftate . . . 64
qc triple antibiotic max st . . . 196
qc tussin dm cough/congestion . . . 369
QC UNILET LANCETS 28G . . . 323
QC UNILET LANCETS MICRO THIN . . . 323
qc vitamin b12 . . . 224
qc vitamin d3 . . . 290
QC WOMENS DAILY MULTIVITAMIN . . . 224
QDOLO . . . 20
QELBREE . . . 157
QFITLIA . . . 128
QINLOCK . . . 72
QNASL . . . 348
QNASL CHILDRENS . . . 348
QTERN . . . 116
QUALAQUIN . . . 81
QUARTETTE . . . 264
QUAZEPAM . . . 374
QUDEXY XR . . . 40
QUESTRAN . . . 146
QUESTRAN LIGHT . . . 146
quetiapine fumarate . . . 92,93
quetiapine fumarate er . . . 93
QUILLICHEW ER . . . 157
QUILLIVANT XR . . . 157
quinapril hcl . . . 132
quinapril-hydrochlorothiazide . . . 141
quinine sulfate . . . 81
QUINTABS-M . . . 224
QUINTET AC BLOOD GLUCOSE . . . 323
QUINTET AC BLOOD GLUCOSE TEST . . . 323
QUINTET BLOOD GLUCOSE SYSTEM . . . 323
QUINTET BLOOD GLUCOSE TEST . . . 323
QULIPTA . . . 67
QUTENZA . . . 189

QUTENZA (2 PATCH) 189
QUTENZA (4 PATCH) 189
QUVIVIQ 374
QVAR REDIHALER 348

R

ra 2-in-1 lax/stool softener 234
ra acetaminophen 165
ra acetaminophen ex st 165
RA ALCOHOL SWABS 323
ra allergy 181,356
ra allergy medication 356
ra allergy relief 356
ra allergy relief childrens 356
ra allergy/congestion 369
ra allergy/congestion relief 369
ra anti-itch skin protectant 181
ra antibiotic plus 196
ra atheletes foot 64
ra b-complex 224
ra b-complex with b-12 224
ra central-vite mens mature 224
ra central-vite womens mature 224
ra childrens fever/pain 165
ra clotrimazole 7 64
ra col-rite 234
ra complete allergy 356
ra diphedryl allergy 356
ra dual action complete 240
RA E-ZJECT LANCETS 28G 323
RA E-ZJECT LANCETS THIN 26G 323
RA E-ZJECT LANCETS THIN 28G 323
RA E-ZJECT LANCETS ULTRA THIN 323
ra fever reducer/pain reliever 165
RA GLUCOSE 118
RA INSULIN SYRINGE 323
ra iron 205
ra isopropyl alcohol wipes 323
ra miconazole 3 combo pack 64
ra miconazole 3 combo pack app 64
ra miconazole 7 64
ra mineral oil 234
ra mucus relief 369
ra multihealth fiber 234
ra night sleep aid 374
ra nighttime sleep aid 374
ra one daily maximum 224
ra one daily mens 50+ w/vit d3 224
ra one daily mens multi 224
ra one daily mens/vit d-3 224
ra p col-rite 234
ra pain relief acetaminophen 165
ra pediatric electrolyte 205
ra sleep aid 374
ra sleep aid (diphenhydramine) 374
ra slow release iron 205
ra stool softener 234
ra tioconazole 1 64
ra tussin cgh/chest congest dm 370
ra tussin cough 370
ra tussin cough dm sugar free 370
ra tussin dm 370
ra vitamin b-12 tr 224
ra vitamin d-3 290
ra vitamins complete childrens 224
ra wart remover 189
rabeprazole sodium 245
radiaguard advanced 189
RALDESY 51
raloxifene hcl 269
ramelteon 374
ramipril 132
RANEXA 141
RANITIDINE HCL 240
ranolazine er 142
RAPAFLO 249
RAPAMUNE 284
RAPIVAB 106
rasagiline mesylate 83
RASUVO 284
RAVICTI 247
RAYALDEE 290

RAYOS 252
RAZADYNE ER 46
re-lieved maximum strength 24
react 269
READYLANCE SAFETY LANCETS 324
REAL HEAL-I 24
REALITY INSULIN SYRINGE 324
REALITY LANCETS 324
REALITY SWABS 324
REALITY TRIGGER LANCETS 324
REBIF 169
REBIF REBIDOSE 169
REBIF REBIDOSE TITRATION PACK 169
REBIF TITRATION PACK 169
REBINYN 128
RECLAST 290
reclipsen 264
RECOMBINATE 128
RECOMBIVAX HB 286
REDEMPLO 142
REDITREX 284
refreshing aloe 189
REFUAH PLUS BLOOD GLUCOSE TEST 324
REFUAH PLUS MONITORING SYSTEM 324
REGLAN 56
reguloid 234
rehydralyte 205
relador pak 24
relador pak plus 24
relafen 12
RELAFEN DS 12
RELENZA DISKHALER 106
RELEUKO 126
RELEXXII 157,158
RELION ALCOHOL SWABS 324
RELION ALL-IN-ONE 324
RELION BLOOD GLUCOSE TEST 324
RELION CONFIRM GLUCOSE MONITOR 324
RELION CONFIRM/MICRO TEST 324
RELION GLUCOSE 118
RELION INSULIN SYRINGE 324
RELION LANCET DEVICES 30G 324
RELION LANCETS 324
RELION LANCETS MICRO-THIN 33G 324
RELION LANCETS THIN 26G 324
RELION LANCETS ULTRA-THIN 30G 324
RELION MICRO 324
RELION PREMIER BLU MONITOR 324
RELION PREMIER CLASSIC 324
RELION PREMIER TEST 324
RELION PREMIER VOICE MONITOR 324
RELION PRIME MONITOR 324
RELION PRIME TEST 325
RELION TRUE MET AIR GLUC METER 325
RELION TRUE METRIX TEST STRIPS 325
RELION ULTIMA GLUCOSE SYSTEM 325
RELION ULTIMA TEST 325
RELION ULTRA THIN LANCETS 30G 325
RELION ULTRA THIN PLUS LANCETS 325
RELISTOR 234
RELPAX 68
RELTONE 237
REMERON 48
REMERON SOLTAB 48
REMICADE 284
rena-vite rx 224
RENAGEL 207
RENAL 224
RENAPLEX 224
RENFLEXIS 284
RENO CAPS 224
RENTHYROID 271
RENVELA 207
repaglinide 116
REPATHA 146
REPATHA PUSHTRONEX SYSTEM 147
REPATHA SURECLICK 147
RESTASIS 338
RESTASIS MULTIDOSE 338
RESTORIL 374
RETACRIT 126
retaine allergy 340

RETEVMO 77
RETIN-A 173
RETIN-A MICRO 173
RETIN-A MICRO PUMP 173
RETISERT 343
RETROVIR 103
REVATIO 362
REVLIMID 70
REVUFORJ 77
REXALL BLOOD GLUCOSE SYSTEM 325
REXALL BLOOD GLUCOSE TEST 325
REXALL LANCETS ULTRA THIN 30G 325
REXTOVY 26
REXULTI 93
REYATAZ 105
REYVOW 68
REZLIDHIA 77
REZUROCK 284
REZVOGLAR KWIKPEN 122
RHOGAM ULTRA-FILTERED PLUS 274
RHOPRESSA 344
ribavirin 100
rifabutin 69
rifampin 69
RIGHTEST GL300 LANCETS 325
RIGHTEST GM100 BLOOD GLUCOSE 325
RIGHTEST GM300 BLOOD GLUCOSE 325
RIGHTEST GM550 BLOOD GLUCOSE 325
RIGHTEST GS100 BLOOD GLUCOSE 325
RIGHTEST GS300 BLOOD GLUCOSE 325
RIGHTEST GS550 BLOOD GLUCOSE 325
RIGHTEST GT333 BLOOD GLUCOSE 325
RIGHTEST GT333 GLUCOSE TEST 325
rilpivirine hcl 102
rimantadine hcl 106
RINVOQ 276
RINVOQ LQ 276
RIOMET 116
risanoid plus 224
risedronate sodium 290
RISPERDAL 93
RISPERDAL CONSTA 94
risperidone 94
risperidone microspheres er 94
RITALIN 158
RITALIN LA 158
ritonavir 105
rivaroxaban 124
rivastigmine 46
rivastigmine tartrate 46
rivelsa 264
RIXUBIS 128
rizatriptan benzoate 68
robafen dm cgh/chest congest 370
robafen dm cough 370
ROCALTROL 290
ROCKLATAN 339
roflumilast 361
ROLVEDON 126
ROMVIMZA 77
ropinirole hcl 82
ropinirole hcl er 82
rosadan 31
rosuvastatin calcium 145
rosyrah 264
ROSZET 147
ROWASA 287
roweepra 40
ROXICODONE 20
ROXYBOND 20
ROZEREM 375
ROZLYTREK 77
RUBRACA 77
RUCONEST 274
rufinamide 45
RUKOBIA 104
RYALTRIS 370
RYBELSUS 116
RYDAPT 77
RYKINDO 95
RYTARY 83
RYZNEUTA 126

S

SABRIL 43
sacubitril-valsartan 142
safe tussin dm 370
SAFE-T-LANCE 325
SAFE-T-LANCE PLUS 325
safetussin dm cough/chest cong 370
SAFETY INSULIN SYRINGES 325
SAFETY LANCET 30G/PRESSURE ACT 325
SAFETY LANCETS 326
SAFETY LANCETS 21G 326
SAFETY LANCETS 23G 326
SAFETY LANCETS 28G 326
SAFETY SYRINGE/NEEDLE 326
SAFYRAL 264
SAIZEN 253
SAIZENPREP 253
sajazir 274
SALICYLIC ACID 189
SALICYLIC ACID WART REMOVER 190
salonpas pain relieving 24
SANCUSO 57
SANDIMMUNE 284
SAPHRIS 95
SAPS CARE ALCOHOL PREP 326
SAPS HEALTH ALCOHOL PREP 326
SAPS HEALTH CARE ALCOHOL PREP 326
SAPS HEALTH PLUS LANCETS 326
SAPS HEALTH TWIST TOP LANCETS 326
SAPS TWIST TOP LANCETS 326
SAPSCARE TWIST TOP LANCETS 326
SAVAYSA 124
SAVELLA 167
SAVELLA TITRATION PACK 167
saxagliptin hcl 116
saxagliptin-metformin er 116
SB ALCOHOL PREP 326
sb allergy 356
sb allergy medicine 356
sb docusate sodium 234
sb docusate sodium/senna 235
SB INSULIN SYRINGE 326
SB LANCETS THIN 326
SB LANCETS ULTRA THIN 326
sb non-aspirin 165
sb non-aspirin extra strength 165
sb pain reliever childrens 165
sb pain reliever ex st 165
sb pediatric electrolyte 205
sb polyethylene glycol 3350 235
sb sleep 375
scalpicin maximum strength 181
SCEMBLIX 77
scopolamine 56
SDAMLO 136
SE-NATAL 19 224
SE-TAN PLUS 205
SEASONIQUE 264
sebasorb 190
SECUADO 95
SECURESAFE INSULIN SYRINGE 326
SEGLENTIS 20
SEGLUROMET 116
SELARSDI 276
SELECT-OB 224
SELECT-OB+DHA 205
selegiline hcl 83
selenium sulfide 181
SELZENTRY 104
SEMGLEE 122
SEMGLEE (YFGN) 122
senexon-s 235
SENIOR TABS 224
senna plus 235
senna s 235
senna-docusate sodium 235
senna-plus 235
senna-s 235
senna-time s 235
sennosides-docusate sodium 235
senokot s 235

SENSILANCE SAFETY LANCETS 21G . . . 326
SENSILANCE SAFETY LANCETS 26G . . . 326
SENSILANCE SAFETY LANCETS 28G . . . 326
SENTRY . . . 224
SENTRY SENIOR . . . 224
SEREVENT DISKUS . . . 360
SERNIVO . . . 181
SEROQUEL . . . 95
SEROQUEL XR . . . 95
SEROSTIM . . . 253
sertraline hcl . . . 51
setlakin . . . 264
sevelamer carbonate . . . 207
sevelamer hcl . . . 207
SEVENFACT . . . 128
SEYSARA . . . 38
SFROWASA . . . 287
sharobel . . . 269
shewise . . . 269
SHINGRIX . . . 286
SHOPKO ON-THE-GO LANCETS 30G . . . 326
SHOPKO UNILET LANCETS 28G . . . 326
SHOPKO UNILET LANCETS 30G . . . 326
SIKLOS . . . 72
SILA III . . . 326
siladryl allergy . . . 356
sildenafil citrate . . . 362
SILENOR . . . 375
SILIQ . . . 276
silodosin . . . 249
siltussin dm das . . . 370
siltussin-dm alcohol free . . . 370
silver sulfadiazine . . . 190
SIMBRINZA . . . 344
simethicone . . . 237
SIMLANDI (1 PEN) . . . 284
SIMLANDI (1 SYRINGE) . . . 285
SIMLANDI (2 PEN) . . . 285
SIMLANDI (2 SYRINGE) . . . 285
simliya . . . 264
simpesse . . . 264
simply sleep . . . 375
SIMPONI . . . 285
SIMPONI ARIA . . . 285
simvastatin . . . 145
SINEMET . . . 83
SINGLE-LET . . . 326
SINGULAIR . . . 358
SINUVA . . . 370
sirolimus . . . 285
SITAGLIPT BASE-METFORM HCL ER . . . 116
SITAGLIPTIN . . . 116
SITAGLIPTIN BASE-METFORMIN HCL . . . 116
SITAVIG . . . 106
SKELAXIN . . . 373
skin repair . . . 190
SKYADERM-LP . . . 24
SKYLA . . . 269
SKYRIZI . . . 276
SKYRIZI (150 MG DOSE) . . . 276
SKYRIZI PEN . . . 276
SKYTROFA . . . 253
sleep aid . . . 375
sleep aid (diphenhydramine) . . . 375
sleep aid (doxylamine) . . . 375
sleep ii . . . 375
sleep tabs . . . 375
sleep-aid . . . 375
sleep-tabs . . . 375
slow release iron . . . 205
SLYND . . . 269
sm 3-day vaginal . . . 64
sm acid reducer . . . 240
sm acid reducer max st . . . 240
SM ALCOHOL PREP . . . 327
sm all day allergy . . . 356
sm all day allergy childrens . . . 357
sm all day allergy relief . . . 357
sm all day allergy-d . . . 370
sm allergy childrens . . . 357
sm allergy relief . . . 357,370
sm allergy relief childrens . . . 357

sm animal shapes complete . . . 225
sm anti-itch extra strength . . . 181
sm antibiotic . . . 31
sm antibiotic plus pain relief . . . 196
sm antifungal clotrimazole . . . 64
sm antifungal miconazole . . . 64
sm antifungal tolnaftate . . . 64
sm antioxidant vitamins . . . 225
sm arthritis pain . . . 12
sm athletes foot . . . 64
sm balanced b-100 . . . 225
sm balanced b-50 . . . 225
sm childrens ibuprofen . . . 12
sm childrens loratadine . . . 357
sm clearlax . . . 235
sm clotrimazole vaginal . . . 64
sm complete . . . 225
sm complete 50+ . . . 225
sm complete 50+ ultimate mens . . . 225
sm complete 50+ ultimate women . . . 225
sm complete advanced formula . . . 225
sm complete senior formula . . . 225
sm daily diet support . . . 225
sm double antibiotic . . . 196
sm dry skin therapy . . . 190
sm esomeprazole magnesium . . . 245
sm eye itch relief . . . 340
sm fexofenadine hcl . . . 357
sm fiber . . . 235
SM GLUCOSE . . . 118
sm hair/skin/nails . . . 225
sm hemorrhoidal . . . 190
sm hydrocortisone . . . 181
sm hydrocortisone max st . . . 181
sm hydrocortisone plus . . . 181
sm ibuprofen . . . 12
sm ibuprofen ib . . . 12
sm ibuprofen ib childrens . . . 12
sm infants ibuprofen . . . 13
sm iron . . . 205
SM LANCETS 33G . . . 327
sm lansoprazole . . . 245
sm lice killing max strength . . . 193
sm lice solution kit 3-step . . . 193
sm lice treatment . . . 193
sm lorata-dine d . . . 370
sm loratadine . . . 357
sm loratadine d 12hr . . . 370
sm miconazole 3 . . . 64
sm miconazole 3 applicator . . . 64
sm miconazole 7 . . . 64
sm mineral oil . . . 235
sm motion sickness . . . 56
sm mucus relief . . . 370
sm multiple vitamins essential . . . 225
sm naproxen sodium . . . 13
sm nicotine . . . 28
sm nicotine polacrilex . . . 28
sm nighttime sleep aid . . . 375
sm olopatadine hcl . . . 340
sm omeprazole . . . 246
sm opti-vitamins . . . 225
sm pain & fever childrens . . . 165
sm pain & fever infants . . . 165
sm pain relief . . . 165
sm pain relief extra strength . . . 165
sm pain reliever . . . 165
sm pain reliever childrens . . . 165
sm pain reliever ex st . . . 165
sm pediatric electrolyte . . . 205
sm senna-s . . . 235
sm sleep aid . . . 375
sm stool softener . . . 235
sm stool softener/laxative . . . 235
sm tioconazole-1 . . . 64
sm triple antibiotic . . . 196
sm triple antibiotic max st . . . 196
sm triple antibiotic original . . . 196
sm tussin cough/chest congest . . . 370
sm tussin dm . . . 370
sm vitamin b12 tr . . . 225
sm vitamin d3 . . . 290

SMART SENSE COLOR LANCETS 33G . . . 327
SMART SENSE GLUCOSE . . . 118
SMART SENSE PREMIUM SYSTEM . . . 327
SMART SENSE PREMIUM TEST . . . 327
SMART SENSE STANDARD LANCETS . . . 327
SMART SENSE SUPER THIN LANCETS . . . 327
SMART SENSE THIN LANCETS 26G . . . 327
SMART SENSE VALUE GLUCOSE SYS . . . 327
SMART SENSE VALUE TEST . . . 327
SMARTEST BLOOD GLUCOSE TEST . . . 327
SMARTEST EJECT . . . 327
SMARTEST EJECT STARTER . . . 327
SMARTEST LANCETS 28G . . . 327
SMARTEST PERSONA STARTER . . . 327
SMARTEST PRONTO STARTER . . . 327
SMARTEST PROTEGE . . . 327
SMARTEST PROTEGE STARTER . . . 327
SMARTY PANTS KIDS COMPLETE . . . 225
smooth lax . . . 235
sod citrate-citric acid . . . 249
sodium bicarbonate . . . 237,327
sodium chloride . . . 249,370
SODIUM CITRATE-CITRIC ACID . . . 249
sodium fluoride . . . 205
sodium phenylbutyrate . . . 247
sodium polystyrene sulfonate . . . 208
SODIUM SULFACETAMIDE WASH . . . 190
SOFOSBUVIR-VELPATASVIR . . . 100
SOGROYA . . . 253
solifenacin succinate . . . 248
SOLIQUA . . . 116
SOLODYN . . . 38
SOLOSEC . . . 31
SOLTAMOX . . . 71
SOLU-CORTEF . . . 252
SOLUS V2 BLOOD GLUCOSE SYSTEM . . . 327
SOLUS V2 LANCETS 28G . . . 327
SOLUS V2 TEST . . . 327
SOLUS V2 TWIST LANCETS 30G . . . 327
SOMA . . . 373
sominex nighttime sleep-aid . . . 375
soothe . . . 237
sorafenib tosylate . . . 77
SORBITOL . . . 327
sorbugen nr . . . 370
sorbutuss nr . . . 370
SORILUX . . . 190
sorine . . . 133
SOSWEET . . . 328
sotalol hcl . . . 133
sotalol hcl (af) . . . 133
SOTYKTU . . . 276
SOTYLIZE . . . 133
SOVALDI . . . 100
SOVUNA . . . 81
SPEVIGO . . . 285
spinosad . . . 193
SPIRIVA HANDIHALER . . . 358
SPIRIVA RESPIMAT . . . 358
spironolactone . . . 147
spironolactone-hctz . . . 142
SPONGEBOB SQUAREPANTS GUMMIES . . . 225
SPORANOX . . . 64
SPORANOX PULSEPAK . . . 64
SPRAVATO (56 MG DOSE) . . . 48
SPRAVATO (84 MG DOSE) . . . 48
sprintec 28 . . . 264
SPRITAM . . . 40
SPRIX . . . 13
SPRYCEL . . . 77
sps (sodium polystyrene sulf) . . . 208
sronyx . . . 264
ssd . . . 190
SSS 10-5 . . . 190
STALEVO 100 . . . 82
STALEVO 125 . . . 82
STALEVO 150 . . . 82
STALEVO 200 . . . 82
STALEVO 50 . . . 82
STALEVO 75 . . . 82
STARJEMZA . . . 276
stavudine . . . 103

STEGLATRO 147
STEGLUJAN 116
STELARA 277
STEQEYMA 277
STERILANCE TL 328
STERILE WATER FOR IRRIGATION 328
STIMUFEND 126
stimulant laxative 235
STIOLTO RESPIMAT 370
STIVARGA 77
STOBOCLO 290
stool softener 235
stool softener laxative 235
stool softener plus laxative 235
stool softener/laxative 235
STRATTERA 158
STRESS B COMPLEX/ANTIOXID/ZINC 225
stress formula 225
stress formula/zinc 225
STRESSTABS ADVANCED 225
STRESSTABS ENERGY 225
STRIBILD 101
STRIVERDI RESPIMAT 360
studio 35 extra moisturizing 190
SUBLOCADE 26
SUBOXONE 26
SUBSYS 20
subvenite 112
SUBVENITE 112
subvenite starter kit-blue 112
subvenite starter kit-green 112
subvenite starter kit-orange 112
sucralfate 240
sudafed 360
sudafed sinus congestion 360
SULAR 136
sulconazole nitrate 64
SULFACETAMIDE SOD-SULFUR WASH 190
SULFACETAMIDE SODIUM 190,341
sulfacetamide sodium 341
sulfacetamide sodium (acne) 174
SULFACETAMIDE SODIUM (CLEANS) 190
SULFACETAMIDE SODIUM-SULFUR 191
sulfacetamide-prednisolone 339
SULFACETAMIDE-SULFUR IN UREA 191
sulfadiazine 36
sulfamethoxazole-trimethoprim 36
sulfasalazine 287
sulfatrim pediatric 36
sulindac 13
SUMADAN 191
SUMADAN WASH 191
SUMADAN XLT 191
sumatriptan 68
sumatriptan succinate 68
sumatriptan succinate refill 68
sumatriptan-naproxen sodium 68
SUMAXIN 191
SUMAXIN CP 191
sunitinib malate 77,78
SUNLENCA 104
SUNOSI 376
SUPARTZ FX 328
SUPER AYTINAL 225
SUPER AYTINAL 50 PLUS 225
super multiple 225
super nu-thera 226
SUPER THERA VITE M 226
SUPER THIN LANCETS 328
SUPER VITA-MINS 226
SUPPRELIN LA 272
SUPRAX 33
SURE COMFORT ALCOHOL PREP 328
SURE COMFORT INSULIN SYRINGE 328
SURE COMFORT LANCETS 18G 328
SURE COMFORT LANCETS 21G 328
SURE COMFORT LANCETS 23G 328
SURE COMFORT LANCETS 28G 328
SURE COMFORT LANCETS 30G 328
SURELITE LANCETS 328
SUSTIVA 102
SUSTOL 57

SUSVIMO (IMPLANT 1ST FILL) 339
SUSVIMO (IMPLANT REFILL) 339
SUTENT 78
sv iron 205
sv vitamin b-12 er 226
syeda 264
SYFOVRE 339
SYMBICORT 370
SYMBRAVO 68
SYMBYAX 48
SYMFI 102
SYMFI LO 102
SYMJEPI 360
SYMLINPEN 120 116
SYMLINPEN 60 116
SYMPAZAN 43
SYMPROIC 236
SYMTUZA 105
SYNALAR 181
SYNALAR (CREAM) 191
SYNALAR (OINTMENT) 191
SYNALAR TS 191
SYNAREL 272
sync relief pro 191
SYNDROS 57
SYNERA 25
SYNJARDY 116
SYNJARDY XR 116
SYNOJOYNT 328
SYNTHROID 271
SYNVISC 328
SYNVISC ONE 328
SYRINGE 328
SYRINGE LUER LOCK 328
SYRPALTA 328
SYRPALTA (RED) 328
SYRSPEND SF 328
SYRUP VEHICLE 329
SYRUP VEHICLE SF 329
SYSTANE ICAPS AREDS2 226

T

TAB-A-VITE 226
TAB-A-VITE/BETA CAROTENE 226
TABRECTA 78
TACLONEX 191
tacrolimus 181,285
tadalafil 249
tadalafil (pah) 362
TADLIQ 362
TAFINLAR 78
tafluprost (pf) 345
tagamet hb 240
TAGRISSO 78
take action 269
TAKHZYRO 274
TALICIA 238
TALTZ 277
TALZENNA 78
TAMIFLU 106
tamoxifen citrate 71
tamsulosin hcl 249
TANDEM 205
TANDEM PLUS 205
tanlor 373
tapentadol hcl 20
TAPERDEX 12-DAY 252
taperdex 6-day 252
TAPERDEX 7-DAY 252
TARCEVA 78
targadox 38
tarina 24 fe 264
tarina fe 1/20 264
tarina fe 1/20 eq 264
TARON FORTE 205
TARON-C DHA 226
TARPEYO 252
TASCENSO ODT 169
TASIGNA 78
tasimelteon 375
TASMAR 82

tavaborole . . . 64
TAVALISSE . . . 129
taysofy . . . 264
TAYTULLA . . . 264
tazarotene . . . 174
taztia xt . . . 137,138
TAZVERIK . . . 78
TECFIDERA . . . 169
TECHLITE AST LANCETS . . . 329
TECHLITE INSULIN SYRINGE . . . 329
TECHLITE LANCETS . . . 329
TECHLITE LANCETS 26G . . . 329
TECHLITE LANCETS 30G . . . 329
TEGRETOL . . . 45
TEGRETOL-XR . . . 45
TEKTURNA . . . 142
TEKTURNA HCT . . . 142
telmisartan . . . 131
telmisartan-amlodipine . . . 142
telmisartan-hctz . . . 142
temazepam . . . 375
TEMODAR . . . 69
TEMOVATE . . . 181
temozolomide . . . 70
tenofovir disoproxil fumarate . . . 103
TENORETIC 100 . . . 142
TENORETIC 50 . . . 142
TENORMIN . . . 135
TEPMETKO . . . 78
terazosin hcl . . . 130
terbinafine hcl . . . 64
terbutaline sulfate . . . 360
terconazole . . . 64,65
teriflunomide . . . 169
teriparatide . . . 290
TESTIM . . . 254
TESTOPEL . . . 254
testosterone . . . 254
TESTOSTERONE . . . 254
testosterone cypionate . . . 254
TESTOSTERONE CYPIONATE . . . 254
testosterone enanthate . . . 254
tetrabenazine . . . 165
tetracycline hcl . . . 38
TETRACYCLINE HCL . . . 38
TETRI-AG . . . 25
TEXACORT . . . 181
TEZRULY . . . 249
TEZSPIRE . . . 371
TGT BLOOD GLUCOSE MONITORING . . . 329
TGT BLOOD GLUCOSE TEST . . . 329
TGT GLUCOSE . . . 118
TGT LANCET MICRO THIN 33G . . . 329
TGT LANCET THIN 26G . . . 329
TGT LANCET ULTRA THIN 30G . . . 329
THALOMID . . . 70
THEO-24 . . . 361
theophylline . . . 361
theophylline er . . . 361
THERA VITAL M . . . 226
THERA VITAL-M . . . 226
thera-derm . . . 191
thera-m . . . 226
thera-mill . . . 226
thera-mill m . . . 226
THERA-TABS . . . 226
THERA-VITE MAX-M . . . 205
THERABASIC-M . . . 226
theradex m . . . 226
theradex m/beta carotene . . . 226
theraflu severe congestion rel . . . 371
THERAPEUTIC FORMULA/HEMATINICS . . . 226
THERAPEUTIC-M . . . 226
THERATRUM COMPLETE . . . 226
THERATRUM COMPLETE 50 PLUS . . . 226
theraworx pm pain relf roll-on . . . 25
THINLETS GP LANCETS . . . 329
thioridazine hcl . . . 86
thiothixene . . . 86
THRIVE FOR LIFE WOMENS . . . 226
THRIVITE 19 . . . 226
THRIVITE RX . . . 226

THYQUIDITY . . . 271
THYROID . . . 271
tiadylt er . . . 138
tiagabine hcl . . . 43
TIAGABINE HCL . . . 43
TIAZAC . . . 138
TIBSOVO . . . 78
ticagrelor . . . 129
TIGAN . . . 56
tilia fe . . . 265
timolol hemihydrate . . . 343
timolol maleate . . . 135,343
timolol maleate (once-daily) . . . 343
timolol maleate ocudose . . . 343
timolol maleate pf . . . 343
TIMOPTIC . . . 343
TIMOPTIC OCUDOSE . . . 344
TIMOPTIC-XE . . . 344
tinactin . . . 65
ting . . . 65
tinidazole . . . 31
tinnitus relief . . . 226
tioconazole-1 . . . 65
tiotropium bromide . . . 358
TIROSINT . . . 271
TIROSINT-SOL . . . 271
TIVICAY . . . 101
TIVICAY PD . . . 101
TIVORBEX . . . 13
tizanidine hcl . . . 99
tl-hem 150 . . . 205
TLANDO . . . 254
tm-clotrimazole . . . 65
tm-tolnaftate . . . 65
tm-tolnaftate lr . . . 65
TM-VITE RX . . . 227
TOBI . . . 360
TOBI PODHALER . . . 360
TOBRADEX . . . 339
TOBRADEX ST . . . 339
tobramycin . . . 341,360
tobramycin-dexamethasone . . . 339
TOBREX . . . 341
TODAYS HEALTH THIN LANCETS 28G . . . 329
TODAYS HEALTH THIN LANCETS 30G . . . 329
TOFIDENCE . . . 277
tolcapone . . . 82
TOLECTIN 600 . . . 13
TOLMETIN SODIUM . . . 13
tolnafi-al . . . 65
tolnaftate . . . 65
tolnaftate antifungal . . . 65
TOLSURA . . . 65
tolterodine tartrate . . . 248
tolterodine tartrate er . . . 248
TONMYA . . . 6
TOP FILL HUMIDIFIER . . . 329
TOPAMAX . . . 40
TOPAMAX SPRINKLE . . . 40
TOPCARE LANCETS MICRO-THIN 33G . . . 329
TOPCARE ULTRA COMFORT INS SYR . . . 329
TOPICORT . . . 181
TOPICORT SPRAY . . . 181
topiramate . . . 41
topiramate er . . . 41
TOPROL XL . . . 135
toremifene citrate . . . 71
torpenz . . . 78
torsemide . . . 143
TOSYMRA . . . 68
total allergy . . . 357
total allergy medicine . . . 357
TOUJEO MAX SOLOSTAR . . . 122
TOUJEO SOLOSTAR . . . 122
tovet . . . 181
TOVIAZ . . . 248
TRACLEER . . . 362
TRADJENTA . . . 116
tramadol hcl . . . 20
tramadol hcl (er biphasic) . . . 15
tramadol hcl er . . . 16
tramadol-acetaminophen . . . 20

trandolapril 132
trandolapril-verapamil hcl er 142
tranexamic acid 128
TRANSDERM SCOP 56
TRANSDERM-SCOP 56
TRANXENE-T 111
tranylcypromine sulfate 49
TRAVATAN Z 345
TRAVEL LANCETS 329
TRAVEL LANCETS ADVANCED 28G 330
travel-ease 56
travoprost (bak free) 345
trazodone hcl 51
TRELEGY ELLIPTA 371
TRELSTAR MIXJECT 273
TREMFYA 277
TREMFYA ONE-PRESS 277
TREMFYA PEN 277
TREMFYA-CD/UC INDUCTION 277
TRESIBA 122
TRESIBA FLEXTOUCH 122
tretinoin 80,174
TRETINOIN MICROSPHERE 174
tretinoin microsphere 174
TRETINOIN MICROSPHERE PUMP 174
tretinoin microsphere pump 174
TREXALL 285
TREXIMET 68
tri femynor 265
tri-estarylla 265
tri-legest fe 265
tri-linyah 265
tri-lo-estarylla 265
tri-lo-marzia 265
tri-lo-mili 265
tri-lo-sprintec 265
tri-mili 265
tri-nymyo 265
tri-previfem 265
tri-sprintec 265
TRI-VI-SOL A/C/D 227
tri-vylibra 265
tri-vylibra lo 265
triamcinolone acetonide 170,182,252,348
triamcinolone in absorbase 182
triamterene-hctz 142
TRIAMVEX (CREAM) 330
trianex 182
TRIASIL 330
triazolam 375
TRIBENZOR 142
TRICARE 227
TRICON 205
TRICOR 144
tridacaine ii 25
tridacaine iii 25
triderm 182
TRIESENCE 343
trifluoperazine hcl 86
trifluridine 341
TRIGELS-F FORTE 205
trihexyphenidyl hcl 81
TRIJARDY XR 117
TRILEPTAL 45
TRILIPIX 144
TRILOCICLO 191
TRILOGEL 25
TRILURON 330
trimazole 65
trimethobenzamide hcl 56
trimipramine maleate 53
TRINATAL RX 1 227
TRINTELLIX 51
TRIOSTAT 271
TRIPENICOL C 65
TRIPHROCAPS 227
triple antibiotic 196
triple antibiotic pain relief 196
triple antibiotic plus 196
triple antibiotic+pain relief 196
triple paste af 65
TRIPTODUR 273

TRISTART DHA 227
tritocin 182
tritolnacide c 65
tritolnacide s 65
TRIUMEQ 103
TRIUMEQ PD 103
TRIVISC 330
trivora (28) 265
TRIZIVIR 103
TROGARZO 104
TROKENDI XR 41
TRONVITE 227
tropicamide 339
trospium chloride 248
trospium chloride er 248
TRUDHESA 67
TRUE COMFORT ALCOHOL PREP PADS 330
TRUE COMFORT INSULIN SYRINGE 330
TRUE COMFORT PRO ALCOHOL PREP 330
TRUE COMFORT PRO INSULIN SYR 330
TRUE COMFORT SAFETY LANCETS 330
TRUE COMFORT TWIST TOP LANCETS 330
TRUE DAILY VITE 227
true folic acid 227
true laxative 236
true lido 25
True Metrix Air Glucose Meter DEVICE(NDC: 56151-1494-01) 330
True Metrix Air Glucose Meter w/Device KIT(NDC: 11917-0173-89) 330
True Metrix Air Glucose Meter w/Device KIT(NDC: 56151-1490-02) 330
True Metrix Blood Glucose Test STRIP (NDC: 08528-1464-04, 11917-0166-90, 56151-1460-03, 56151-1463-04, 56151-1464-01, 96295-0142-04) 330
True Metrix Blood Glucose Test STRIP (NDC: 56151-1460-01, 56151-1460-04) 330
TRUE METRIX GO GLUCOSE METER 330
TRUE METRIX METER 331
TRUE METRIX PRO BLOOD GLUCOSE 331
true nasal moisturizing 371
true vitamin d3 290
truelyte 206
TRUEPLUS GLUCOSE 119
TRUEPLUS GLUCOSE ON THE GO 119
TRUEPLUS INSULIN SYRINGE 331
TRUEPLUS LANCETS 26G 331
TRUEPLUS LANCETS 28G 331
TRUEPLUS LANCETS 30G 331
TRUEPLUS LANCETS 33G 331
TRUEPLUS SAFETY LANCETS 28G 331
TRUERESULT BLOOD GLUCOSE 331
TRUETEST TEST 331
TRUETRACK BLOOD GLUCOSE 331
TRUETRACK SMART SYSTEM 331
TRUETRACK TEST 331
TRULANCE 236
TRULICITY 117
TRUQAP 78
TRUSELTIQ (100MG DAILY DOSE) 78
TRUSELTIQ (125MG DAILY DOSE) 78
TRUSELTIQ (50MG DAILY DOSE) 79
TRUSELTIQ (75MG DAILY DOSE) 79
TRUSOPT 344
TRUVADA 103
TRYNGOLZA 142
TRYPTYR 339
TUDORZA PRESSAIR 358
TUKYSA 79
tulana 269
TULIVITE 206
TURALIO 79
turqoz 265
tusnel diabetic 371
tussin 371
tussin cough+chest cong dm sf 371
tussin cough+chest congest dm 371
tussin dm 371
tussin dm cough & chest conges 371
tussin dm cough + chest 371
tussin mucus+chest congest sf 371
tussin mucus+chest congestion 371

TWINRIX . . . 286
TWIRLA . . . 265
TWIST TOP LANCETS 30G . . . 331
TWYNEO . . . 192
TYBLUME . . . 265
TYBOST . . . 104
tydemy . . . 265
TYENNE . . . 277
TYKERB . . . 79
tylenol . . . 166
tylenol 8 hour . . . 166
tylenol 8 hour arthritis pain . . . 166
tylenol childrens . . . 166
tylenol childrens pain + fever . . . 166
tylenol extra strength . . . 166
tylenol for children + adults . . . 166
tylenol infants pain+fever . . . 166
TYMLOS . . . 290
TYRUKO . . . 169
TYRVAYA . . . 339
TYSABRI . . . 169
TYVASO . . . 362
TYVASO DPI INSTITUTIONAL KIT . . . 362
TYVASO DPI MAINTENANCE KIT . . . 362
TYVASO DPI TITRATION KIT . . . 362
TYVASO REFILL . . . 362
TYVASO STARTER . . . 362

U

UBRELVY . . . 67
UCERIS . . . 287,288
UDENYCA . . . 126
UDENYCA ONBODY . . . 126
UKONIQ . . . 79
ULORIC . . . 66
ULTICARE ALCOHOL SWABS . . . 331
ULTICARE INSULIN SAFETY SYR . . . 331
ULTICARE INSULIN SYRINGE . . . 331
ULTIGUARD SAFEPACK SYR/NEEDLE . . . 331
ULTILET ALCOHOL SWABS . . . 332
ULTILET CLASSIC LANCETS . . . 332
ULTILET LANCETS . . . 332
ULTILET SAFETY LANCETS . . . 332
ULTILET SAFETY LANCETS 23G . . . 332
ultra b-100 complex . . . 227
ULTRA CHOICE MULTIVITAMIN KIDS . . . 227
ULTRA FLO INSULIN SYRINGE . . . 332
ULTRA FREEDA . . . 227
ULTRA FREEDA/IRON . . . 227
ULTRA PRENATAL VIT/MIN + DHA . . . 206
ULTRA THIN LANCETS 31G . . . 332
ULTRA-CARE ALCOHOL PREP PADS . . . 332
ULTRA-CARE LANCETS 30G . . . 332
ULTRA-THIN II AUTO LANCET . . . 332
ULTRA-THIN II INS SYR SHORT . . . 332
ULTRA-THIN II INSULIN SYRINGE . . . 332
ULTRA-THIN II LANCETS . . . 332
ULTRACARE INSULIN SYRINGE . . . 332
ULTRACET . . . 20
ULTRACHOICE ADV FORMULA MATURE . . . 227
ULTRACHOICE ADVANCED FORMULA . . . 227
ULTRAM . . . 20
ULTRASONIC COOL MIST HUMIDIF . . . 332
ULTRAVATE . . . 182
umeclidinium-vilanterol . . . 371
UNDECATREX . . . 255
UNILET COMFORTOUCH LANCET . . . 332
UNILET EXCELITE . . . 332
UNILET EXCELITE II . . . 332
UNILET G.P. LANCET . . . 333
UNILET G.P. SUPERLITE LANCET . . . 333
UNILET GP 28 ULTRA THIN . . . 333
UNILET LANCET . . . 333
UNILET MICRO-THIN 33G . . . 333
UNILET SUPER-THIN 30G . . . 333
UNILET SUPERLITE LANCET . . . 333
UNILET ULTRA-THIN 28G . . . 333
unisom sleeptabs . . . 375
UNISTIK 1 . . . 333
UNISTIK 2 . . . 333
UNISTIK 2 COMFORT . . . 333
UNISTIK 2 EXTRA . . . 333

UNISTIK 2 NEONATAL . . . 333
UNISTIK 2 NORMAL . . . 333
UNISTIK 2 SUPER . . . 333
UNISTIK 3 . . . 333
UNISTIK 3 COMFORT . . . 333
UNISTIK 3 EXTRA . . . 333
UNISTIK 3 GENTLE . . . 333
UNISTIK 3 NEONATAL . . . 333
UNISTIK 3 NORMAL . . . 333
UNISTIK CZT COMFORT . . . 333
UNISTIK CZT NORMAL . . . 333
UNISTIK NORMAL . . . 333
UNISTIK PRO SAFETY LANCET . . . 334
UNISTIK SAFETY LANCETS 28G . . . 334
UNISTIK SAFETY LANCETS 30G . . . 334
UNISTIK TOUCH SAFETY LANC 21G . . . 334
UNISTIK TOUCH SAFETY LANC 23G . . . 334
UNISTIK TOUCH SAFETY LANC 28G . . . 334
UNISTIK TOUCH SAFETY LANC 30G . . . 334
UNISTRIP1 GENERIC . . . 334
unithroid . . . 271
UNIVERSAL 1 LANCETS THIN 26G . . . 334
UNIVERSAL 1 LANCETS THIN 33G . . . 334
UNIVERSAL 1 LANCETS ULTRA THIN . . . 334
UP & UP GLUCOSE . . . 119
UPTRAVI . . . 362
urea . . . 192
URELLE . . . 31
URETRON D/S . . . 31
URIBEL . . . 31
URIMAR-T . . . 31
urin ds . . . 31
URNEVA . . . 31
uro-458 . . . 31
URO-MP . . . 31
uro-sp . . . 31
UROGESIC-BLUE . . . 31
URSO 250 . . . 238
URSO FORTE . . . 238
ursodiol . . . 238
USTEKINUMAB . . . 277,278
USTEKINUMAB-AAUZ . . . 278
USTEKINUMAB-AEKN . . . 278
USTEKINUMAB-TTWE . . . 278
ustell . . . 31
utira-c . . . 31
UZEDY . . . 95

V

V-GO 20 . . . 334
V-GO 30 . . . 334
V-GO 40 . . . 334
VABRINTY . . . 273
VABYSMO . . . 339
VAGIFEM . . . 265
valacyclovir hcl . . . 106
VALCYTE . . . 99
valganciclovir hcl . . . 99
VALIUM . . . 111
VALLADERM-90 . . . 25
valproic acid . . . 41
valsartan . . . 131
valsartan-hydrochlorothiazide . . . 142
VALTOCO 10 MG DOSE . . . 43
VALTOCO 15 MG DOSE . . . 43
VALTOCO 20 MG DOSE . . . 43
VALTOCO 5 MG DOSE . . . 43
VALTREX . . . 107
valtya 1/35 . . . 265
valtya 1/50 . . . 265
VALUE HEALTH INSULIN SYRINGE . . . 334
VALUE PLUS GLUCOSE . . . 119
VALUE PLUS LANCET STANDARD 21G . . . 334
VALUE PLUS LANCETS SUPER THIN . . . 334
VALUE PLUS LANCETS THIN 26G . . . 334
VALUMARK LANCET SUPER THIN 30G . . . 334
VALUMARK LANCET ULTRA THIN 28G . . . 334
vanadom . . . 373
VANALICE . . . 193
VANCOCIN . . . 31
vancomycin hcl . . . 31
VANDAZOLE . . . 32

VANFLYTA 79
vanicream 192
VANISHPOINT INSULIN SYRINGE 334
VANISHPOINT SAFETY SYRINGE 334
VANISHPOINT SYRINGE 334
VANOS 182
VAQTA 286
varenicline tartrate 29
varenicline tartrate (starter) 29
varenicline tartrate(continue) 29
VARUBI (180 MG DOSE) 57
VASCEPA 147
VASERETIC 142
VASOTEC 132
VECTICAL 192
vegetable lax+stool softener 236
velivet 265
VELPHORO 207
VELSIPITY 278
VELTASSA 208
Veltassa 8.4 GM PACKET (NDCs 53436-0084-30, 53436-0084-01 only) 208
VEMLIDY 99
VENCLEXTA 79
VENCLEXTA STARTING PACK 79
VENEXA FE 227
VENLAFAXINE BESYLATE ER 51
venlafaxine hcl 51
venlafaxine hcl er 51,52
VENOFER 206
VENTAVIS 362
VENTOLIN HFA 360
VENTRIXYL FE 227
verapamil hcl 138
verapamil hcl er 138
VERASENS BLOOD GLUCOSE METER 335
VERASENS BLOOD GLUCOSE SYSTEM 335
VERASENS BLOOD GLUCOSE TEST 335
VERELAN 138
VERELAN PM 138
VERIFINE INSULIN SYRINGE 335
VERIFINE SAFE LANCET MINI 21G 335
VERIFINE SAFE LANCET MINI 23G 335
VERIFINE SAFE LANCET MINI 28G 335
VERIFINE SAFE LANCET MINI 30G 335
VERIFINE UNIVERSAL LANCETS 28G 335
VERIFINE UNIVERSAL LANCETS 30G 335
VERIFINE UNIVERSAL LANCETS 33G 335
VERSACLOZ 98
VERSAFREE 335
VERSAPLUS 335
VERZENIO 79
VESICARE 248
VESICARE LS 248
vestura 265
VFEND 65
VIBERZI 236
VIBRAMYCIN 38
vicks sinex 12 hour decongest 371
vicks sinex moisturizing 371
vicks sinex severe 371
vicks sinex severe decongest 371
VICTOZA 117
VIDA MIA UNILET LANCETS 28G 335
VIDA MIA UNILET LANCETS 30G 335
VIDEX 103
VIEKIRA PAK 100
vienva 266
vigabatrin 43
vigadrone 43
VIGAFYDE 43
VIGAMOX 341
vigpoder 43
VIIBRYD 52
VIIBRYD STARTER PACK 52
vilazodone hcl 52
VILEVEV MB 32
VIMOVO 13
VIMPAT 45
VINATE DHA RF 206
VIOKACE 247
viorele 266

VIOS AEROSOL DELIVERY SYSTEM . . . 335
VIOS LC PLUS . . . 335
VIOS LC SPRINT . . . 335
VIRACEPT . . . 106
VIRAMUNE XR . . . 102
VIREAD . . . 103
VIRT-C DHA . . . 227
virt-caps . . . 227
virt-gard . . . 227
VIRT-NATE DHA . . . 227
VIRT-PN DHA . . . 227
VISCO-3 . . . 335
VISION FORMULA/LUTEIN . . . 227
VISION VITAMINS . . . 227
visivites . . . 227
visivites/lutein . . . 227
VISTARIL . . . 107
VISUDYNE . . . 339
VIT E-VIT C-BETA CAROTENE . . . 228
VITA HAIR . . . 228
VITA S FORTE . . . 228
VITABASIC COMPLETE . . . 228
VITABASIC SENIOR . . . 228
VITABEX IRON . . . 206
VITACEL . . . 228
VITACHEW ADULT MULTI VITAMIN . . . 228
VITACHEW MULTIPLE VITAMIN . . . 228
vitafol . . . 206
VITAFOL FE+ . . . 206
VITAFOL GUMMIES . . . 228
VITAFOL ULTRA . . . 228
VITAFOL-OB . . . 228
VITAFOL-OB+DHA . . . 206
VITAFOL-ONE . . . 228
VITAFUSION MULTI WOMENS . . . 206
VITAFUSION PRENATAL . . . 228
VITALARA . . . 228
VITALEE . . . 228
VITAMEDMD ONE RX/QUATREFOLIC . . . 206
vitamin a & d . . . 192
vitamin a & d skin protectant . . . 192
vitamin a&d . . . 192
VITAMIN A-C-D INFANT . . . 228
VITAMIN A/C/D/ INFANT/TODDLER . . . 228
vitamin b complex . . . 228
vitamin b complex w/b-12 . . . 228
vitamin b-12 er . . . 228
vitamin b-complex . . . 228
vitamin b1 . . . 228
vitamin b12 . . . 228
vitamin d . . . 291
vitamin d (cholecalciferol) . . . 290
vitamin d (ergocalciferol) . . . 290
vitamin d infant . . . 291
vitamin d-1000 max st . . . 291
vitamin d-3 . . . 147
vitamin d3 . . . 147,291
vitamin-b complex . . . 228
vitamins a & d . . . 192
VITAMINS A-D-E/SELENIUM . . . 228
VITAPEARL . . . 206
VITASURE . . . 228
vitatrum . . . 228
vitatrum complete . . . 229
VITRAKVI . . . 79
VITRANOL FE . . . 229
VITREXATE FE . . . 229
VITREXYL + IRON . . . 229
vitron-c . . . 206
vitrum senior . . . 229
VIVAGUARD INO GLUCOSE METER . . . 335
VIVAGUARD INO SMART GLUC METER . . . 335
VIVAGUARD INO TEST STRIPS . . . 335
VIVAGUARD LANCETS . . . 336
VIVAGUARD LANCETS 30G . . . 336
VIVAGUARD SAFETY LANCETS 28G . . . 336
VIVELLE-DOT . . . 266
VIVITROL . . . 25
VIVJOA . . . 65
VIZIMPRO . . . 79
VOCABRIA . . . 101
VOGELXO . . . 255

VOGELXO PUMP 255
volnea 266
voltaren arthritis pain 13
VONJO 79
VONVENDI 128
VOQUEZNA 238
VOQUEZNA DUAL PAK 238
VOQUEZNA TRIPLE PAK 238
VORANIGO 79
voriconazole 65
VORTEX VALVE CHAMBER-PEDI MASK 336
VORTEX VALVED HOLDING CHAMBER 336
VOSEVI 100
VOTRIENT 79
VOTRIZA-AL 65
VP-PNV-DHA 206
vp-vite rx 229
VPRIV 247
VRAYLAR 96
VTAMA 182
VTOL LQ 166
VUMERITY 169
VUSION 65
VYEPTI 67
vyfemla 266
vylibra 266
VYSCOXA 13
VYTORIN 147
VYVANSE 152
VYZULTA 345

W

WAKIX 376
WAL-BORN VITAMIN C 229
wal-dryl 182
wal-dryl allergy 357
wal-dryl allergy childrens 357
wal-fex d allergy & congestion 371
wal-itin d 371
wal-mucil 236
wal-som 375
wal-tussin cough/chest dm 371
wal-tussin dm cgh/chest cong 371
wal-zyr 357
WALGREENS ADV TRAVEL LANCETS 336
WALGREENS GLUCOSE 119
WALGREENS LANCETS 336
WALGREENS LANCETS MICRO THIN 336
WALGREENS LANCETS SUPER THIN 336
WALGREENS THIN LANCETS 336
WALGREENS ULTRA THIN LANCETS 336
warfarin sodium 125
WARM MIST HUMIDIFIER 336
wart remover 192
wart remover maximum strength 192
water for irrigation, sterile 336
WAVESENSE AMP 336
WAYRILZ 278
WEBCOL ALCOHOL PREP LARGE 336
WEBCOL ALCOHOL PREP MEDIUM 336
WEGOVY 376
WELCHOL 147
WELIREG 72
well vitamin d3 291
WELLBUTRIN SR 48
WELLBUTRIN XL 48
wera 266
WESCAP-C DHA 229
WESCAP-PN DHA 229
WESCAPS 229
WESNATAL DHA COMPLETE 206
WESNATE DHA 229
westab max 229
westab mini 229
WESTAB PLUS 229
WESTGEL DHA 229
WEZLANA 278
wibi 192
WILATE 128
WINLEVI 174
wixela inhub 371
womens daily form/fa/ca/fe 229

WOMENS DAILY FORMULA . . . 229
WOMENS LIFE PACK . . . 229
WOMENS MULTI GUMMIES . . . 229
WOMENS MULTIVITAMIN . . . 229
WOMENS MULTIVITAMIN + COLLAGEN . . . 206
WOMENS MULTIVITAMIN GUMMIES . . . 206
wymzya fe . . . 266
WYNZORA . . . 192
WYOST . . . 291

X

XACIATO . . . 32
XADAGO . . . 83
XALATAN . . . 345
XALKORI . . . 79
XANAX . . . 111
XANAX XR . . . 111
xarah fe . . . 266
XARELTO . . . 125
XARELTO STARTER PACK . . . 125
XATMEP . . . 285
XCOPRI . . . 45
XCOPRI (250 MG DAILY DOSE) . . . 45
XCOPRI (350 MG DAILY DOSE) . . . 45
XELJANZ . . . 278
XELJANZ XR . . . 278
XELODA . . . 71
XELPROS . . . 345
xelria fe . . . 266
XELSTRYM . . . 152
XENAZINE . . . 166
XEOMIN . . . 373
XEPI . . . 196
XERESE . . . 192
XGEVA . . . 291
XHANCE . . . 348
XIFAXAN . . . 32
XIGDUO XR . . . 117
XIIDRA . . . 339
XIMINO . . . 38
XIPERE . . . 343
XOFLUZA (40 MG DOSE) . . . 106
XOFLUZA (80 MG DOSE) . . . 106
XOLAIR . . . 278
XOPENEX . . . 360
XOPENEX CONCENTRATE . . . 360
XOPENEX HFA . . . 360
XOSPATA . . . 79
XPHOZAH . . . 336
XPOVIO (100 MG ONCE WEEKLY) . . . 79
XPOVIO (40 MG ONCE WEEKLY) . . . 79
XPOVIO (40 MG TWICE WEEKLY) . . . 79
XPOVIO (60 MG ONCE WEEKLY) . . . 79
XPOVIO (60 MG TWICE WEEKLY) . . . 80
XPOVIO (80 MG ONCE WEEKLY) . . . 80
XPOVIO (80 MG TWICE WEEKLY) . . . 80
XROMI . . . 247
XTANDI . . . 70
XTRENBO . . . 291
xulane . . . 266
XULTOPHY . . . 117
xvite . . . 229
XYNTHA . . . 128
XYNTHA SOLOFUSE . . . 128
XYOSTED . . . 255
xyvona . . . 16
XYZAL ALLERGY 24HR CHILDRENS . . . 357

Y

yargesa . . . 247
YASMIN 28 . . . 266
YAZ . . . 266
YESINTEK . . . 278,279
YEZTUGO . . . 104
YONSA . . . 70
YOSPRALA . . . 129
YOUR LIFE MULTI ADULT GUMMIES . . . 229
YUFLYMA (1 PEN) . . . 285
YUFLYMA (2 PEN) . . . 285
YUFLYMA (2 SYRINGE) . . . 285
YUFLYMA-CD/UC/HS STARTER . . . 285
YUM-VS COMPLETE MULTIVITAMIN . . . 206

YUMVS MULTI ZERO 229
YUMVS ZERO DIABETIC MULTIVITAM 229
YUPELRI 358
YUSIMRY 285
YUTIQ 343
YUTREPIA 362
yuvafem 266

Z

zaditor 340
zafemy 266
zafirlukast 358
zaleplon 375
ZANAFLEX 99
zantac 360 240
zantac 360 max st 240
ZARONTIN 41
ZARXIO 126
ZATEAN-PN DHA 206
ZATEAN-PN PLUS 206
ZAVESCA 247
ZAVZPRET 67
ZCORT 7-DAY 252
zeasorb-af 65
zebutal 166
ZEGALOGUE 119
ZEGERID 246
zegerid otc 246
ZEJULA 80
ZELAPAR 83
ZELBORAF 80
ZELNORM 236
ZEMBRACE SYMTOUCH 68
ZEMPLAR 291
zenatane 174
ZENPEP 247
zenzedi 152
ZEPATIER 100
ZEPOSIA 169
ZEPOSIA 7-DAY STARTER PACK 169
ZEPOSIA STARTER KIT 169
ZERVIATE 340
ZESTORETIC 142
ZESTRIL 132
ZETIA 147
ZETONNA 348
ZEVRX INSULIN SYRINGE 336
ZEVRX STERILE ALCOHOL PREP PAD 336
ZEVRX TWIST TOP LANCETS 30G 336
ZIAC 142
ZIAGEN 104
ZIANA 174
ziclopro 13
zidovudine 104
ZIEXTENZO 126
zileuton er 358
ziloval 25
ZIMHI 26
ZINPLAVA 238
ZIONODIL 25
ZIONODIL 100 25
ZIOPTAN 345
ZIPHEX 206
ziprasidone hcl 96
ziprasidone mesylate 96
ZIPSOR 13
ZITHROMAX 35
ZITHROMAX TRI-PAK 35
ZITHROMAX Z-PAK 35
ZITUVIMET 117
ZITUVIMET XR 117
ZITUVIO 117
ZOCOR 145
ZOLADEX 273
ZOLEDRONIC ACID 291
zoledronic acid 291
ZOLINZA 72
zolmitriptan 68,69
ZOLOFT 52
ZOLPIDEM TARTRATE 376
zolpidem tartrate 376
zolpidem tartrate er 376

ZOLPIMIST 376
ZOMACTON 253
ZOMACTON (FOR ZOMA-JET 10) 253
ZOMIG 69
ZONISADE 45
zonisamide 45,46
ZONTIVITY 125
ZOO FRIENDS MULTI GUMMIES 229
ZORBTIVE 253
ZORTRESS 285
ZORVOLEX 13
ZORYVE 192
zostrix hp 192
zovia 1/35 (28) 266
zovia 1/35e (28) 266
ZOVIRAX 107,196
ZTALMY 43
ZTLIDO 25
ZUBSOLV 26
ZULRESSO 48
zumandimine 266
ZUNVEYL 47
ZUPLENZ 57
ZURNAI 26
ZURZUVAE 48
ZYBIC 13
ZYCLARA 192
ZYCLARA PUMP 192
ZYDELIG 80
ZYFLO 358
ZYKADIA 80
ZYLET 339
ZYLOPRIM 66
ZYMAXID 341
ZYMFENTRA (1 PEN) 285
ZYMFENTRA (2 PEN) 285
ZYMFENTRA (2 SYRINGE) 285
ZYPITAMAG 145
ZYPREXA 96
ZYPREXA RELPREVV 96
ZYPREXA ZYDIS 96
ZYRTEC ALLERGY 357
zyrtec allergy 357
zyrtec-d allergy & sinus 371
ZYTIGA 70